

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF FORMS REQUIRED	
DISTRICT	
SANTA FE	
FILE	
MAIL	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Formal 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

El Paso Natural Gas Company

Address

P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

☐ New Well

☐ Recompletion

☐ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Condensate Gas

☐ Dry Gas

☒ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hardie E	Well No. 3A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State (Federal) or Fee	Lease No. NM 013860
Location				
Unit Letter I	1800	Feet From The South	Line and 830	Feet From The East
Line of Section 23	Township 28N	Range 8W	San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 1599, Aztec, New Mexico 87410
Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit I	Sec. 23
Top. 28N	Reg. 8W

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature)

Drilling Clerk

(Title)

5-1-86

(Date)

JUN 11 1986
OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION

APPROVED

JUN 11 1986

BY

TITLE

SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recombination
☒ Change in Ownership
☐ Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)
 Meridian Oil Inc. is Operator for El Paso Production Company

If change of ownership give name and address of previous owner
El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hardie E	Well No. 3A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. NM 013860
Location Unit Letter <u>I</u> <u>1800</u> Feet From The <u>South</u> Line and <u>830</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>28N</u> Range <u>8W</u> NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>23</u> Twp. <u>28N</u> Rge. <u>8W</u>	Is gas actually connected? <u>when</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Drilling Clerk
(Title)
11-1-86
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY [Signature]
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
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