

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
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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)	Other (Please explain)
<input type="checkbox"/> New Well	Meridian Oil Inc. is Operator
<input type="checkbox"/> Recompletion	for El Paso Production Company
<input checked="" type="checkbox"/> Change in Ownership	
<input type="checkbox"/> Change in Transporter of:	
<input type="checkbox"/> Oil	
<input type="checkbox"/> Casinghead Gas	
<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Condensate	

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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Day	4	Blanco Pictured Cliffs	State, Federal or Fee	SF 078414A
Location				
Unit Letter	C	497	Feet From The	North
		Line and	790	Feet From The
		West		
Line of Section	18	Township	29N	Range
		8W	NMPM,	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.	<input checked="" type="checkbox"/>	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	<input checked="" type="checkbox"/>	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	C	18
		29N
		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]
(Signature)
Drilling Clerk

NOV -1 1986
(Date)
OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION
NOV -1 1986

APPROVED _____, 19____
BY [Signature]
TITLE SUPERVISION 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 deviator 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.