## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Change in Change in Transporter of   Oil	PROBATION OFFICE	HORIZATION TO TRANS	PORT OIL	AND NATU	RAL GAS		
P. O. Box 4289, Farmington, NM 87499    Research   Felling (Check proper box)	1		· · · · · · · · · · · · · · · · · · ·				
Change in Change in Transporter of   Oil		NM 87499					
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Condenses  Theorem in Control of	New Well Che	Change in Transporter of:					
If change of convership give name E1 Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499  II. DESCRIPTION OF WELL AND LEASE Lesse Name  Day  2A Blanco Mesa Verde Siete, Federel by Fee SF 078415A  Location  Unit Letter  D 1130 Feet From The North Line and 950 Feet From The West  Line of Section 9 Township 29N Range 8W NMPM, San Juan County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorites Transporter of Calendard Cas or Candensate 2 Address (Give address to which approved copy of this form is to be sent)  Meridian 011 Inc.  P. O. Box 4289, Farmington, NM 87499  If well produces oil or liquids, Unit Sec. Twp. Rgs.  If the production is commingted with that from any other lesses or pool, give commingting order number:  If the production is commingted with that from any other lesses or pool, give commingting order number:  If the production is commingted with that from any other lesses or pool, give commingting order number:  If the production is commingted with that from any other lesses or pool, give commingting order number:  If the production is commingted with that from any other lesses or pool, give commingting order number:  If the production is commingted with that from any other lesses or pool, give commingting order number:  If the production is commingted with and that the information given is true and complete to the best of ny knowledge and belief.  If the production of the filed in compliance with Rule 1104.  If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation tested staken on the will as accordance with Rule 1111.			1				
DESCRIPTION OF WELL AND LEASE   Lease Name   Weil No.   Pool Name, Including Formation   State, Federal by Fee   Case No.			<u></u>	2 2 4	200 5	VII. 07.400	· · · · · · · · · · · · · · · · · · ·
Legace Name	and address of previous owner El Paso	Natural Gas Compa	any, P.	0. Box 4	289, Farmingtor	i, NM 87499	<del></del>
Day  2A Blanco Mesa Verde  Store, Federal by Fee SF 078415A  Location  Unit Letter  D	II. DESCRIPTION OF WELL AND LEASE	No l Son Name Jackydes 5			Vint of Large		
Unit Letter D : 1130   Peet From The   North Line and   950   Peet From The   West    Line of Section 9   Township   29N   Range   8W   NMPM.   San Juan   County    III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of California (a) or Candensate   Address (Give address to which approved copy of this form is to be sent)   Meridian Oil Inc.   P. O. Box 4289, Farmington, NM 87499    El Paso Natural Gas Company   P. O. Box 4289, Farmington, NM 87499    If well produces oil or liquide,   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   Phone of tanks.   D. 9   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 COMPILANCE   OIL CONSERVATION DIVISION   NOTE: Complete Parts IV and V on reverse side if necessary.  It 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.  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 despense well, this form must be accompanied by a isabilation of the deviation tests taken on the well is accordance with RULE 1104.			_		1	-	-
Unit Letter D : 1130 Feet From The North Line and 950 Feet From The West  Line of Section 9 Township 29N Range 8W NMPM, San Juan County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cit or Condensate 20 Address (Give address to which approved copy of this form is to be sent)  Meridian 0il Inc.  Name of Authorized Transporter of Casinghedd Gas or Ory Gas 20 Address (Give address to which approved copy of this form is to be sent)  El Paso Natural Gas Company  If well produces oil or liquids, quest joint is gas actually connected?  If well production is commingled with that from any other lesse or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPHANCE  OIL CONSERVATION DIVISION  NOTE: Supervision Division have been completed with and that the information given is true and complete to the best of my knowledge and belief.  Title Supervision District # 3  This form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepener well, this form must be accompanied by a tabulation of the deviation files to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepener well, this form must be accompanied by a tabulation of the deviation of the		A Didico Mesa	VELUC			DI 070413	
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111-1286 able on new and recompleted wells.			able on	new and re	completed 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		<del></del>	Fill well sen	l out only !	ections I. II. III. and	VI for changes or such change of	of owner, condition
Separate Forms C-104 must be filed for each pool in multiply completed wells.	(neta)	" Mero	Sep	arate Form			