

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
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 06-01-83
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
☐ 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 Pierce A	Well No. 1	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF 078125B
Location Unit Letter N : 790 Feet From The South Line and 1557 Feet From The West Line of Section 13 Township 30N Range 10W NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Gas (Dry Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>)	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 N Sec. 13 Twp. 30N Rge. 10W	

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)
Deputy Clerk
(Title)
11-1-86
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
TITLE _____

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.