

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
|----------------------|-----|
| NO. OF WELLS DEEPEND | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.A. | |
| 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
Format 09-01-83
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
 casinghead 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: **Sunray A** Well No.: **1A** Pool Name, including Formation: **Blanco Mesa Verde** Kind of Lease: **State, (Federal) or Fee** Lease No.: **SF 078125**

Location
Unit Letter: **I** : **1525** Feet From The **South** Line and **1100** Feet From The **East**
Line of Section: **15** Township: **30N** Range: **10W** , N.M.P.U., **San Juan** 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 1599, Aztec, New Mexico 87410

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 | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | I | 15 | 30N | 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.

Regan O'Leary

(Signature)
Drilling Clerk

RECEIVED
JUN 11 1986
OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION

APPROVED **JUN 11 1986**
BY *Frank J. O'Leary*
SUPERVISOR DISTRICT 10

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.