

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

|                       |     |
|-----------------------|-----|
| NO. OF LEASES COVERED |     |
| DISTRIBUTION          |     |
| SANTA FE              |     |
| FILE                  |     |
| U.S.G.A.              |     |
| LAND OFFICE           |     |
| TRANSPORTER           | OIL |
|                       | GAS |
| OPERATOR              |     |
| PERMITS OFFICE        |     |

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)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> New Well            | <input type="checkbox"/> Change in Transporter oil | <input type="checkbox"/> Other (Please explain) |
| <input type="checkbox"/> Recombination       | <input type="checkbox"/> Oil                       | <input type="checkbox"/> Dry Gas                |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Gashead Gas               | <input checked="" type="checkbox"/> Condensate  |

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                         |
|--|---------------|---|--|-------------------------|
| Lease Name<br>Walker   | Well No.<br>1 | Pool Name, including Formation<br>Blanco Mesa Verde | Kind of Lease<br>State, Federal or Fee | Lease No.<br>SF 078316F |
| Location<br>Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u><br>Line of Section <u>31</u> Township <u>31N</u> Range <u>9W</u> , 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 1599, Aztec, New Mexico 87410                                  |
| Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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.  | Unit Sec. Twp. Rge. Is gas actually connected? when                      |
|   | H 31 31N 9W  |

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.

Rogay Dook  
(Signature)  
Drilling Clerk  
(Title)

5-1-86

(Date)

RECEIVED  
JUN 11 1986  
OIL CON. DIV.

OIL CONSERVATION DIVISION

APPROVED JUN 11 1986  
BY Frank J. Cawley  
TITLE SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1102.  
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.