

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-73

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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Meridian Oil Inc.

Address 21 Desta Drive Midland, Texas 79705

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Oil ☐ Condensate ☐

Change in Ownership ☒ Operator XXXXXXXXXX

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 Co., 1800 Wilco Building, Midland, Tx 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Shell State</u>	Well No. <u>10</u>	Pool Name, Including Formation <u>Eumont (Yates-7Rivers-Queen)</u>	Kind of Lease State, Federal or Foreign <u>State B-1398</u>
Location			
Unit Letter <u>H</u>	<u>1980</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>		
Line of Section <u>36</u>	Township <u>20S</u>	Range <u>36E</u>	Section <u>Lea</u>

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)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>P. O. Box 1492, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually compressed? When
Unit <u>H</u> Sec. <u>36</u> Twp. <u>20S</u> Rge. <u>36E</u>	<u>Yes</u> <u>Unknown</u>

IV. 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 above is true and complete to the best of my knowledge and belief.

Cathy Tucker
(Signature)
Engineering Tech III
11/5/86
(Date)

OIL CONSERVATION DIVISION

APPROVED 11/5/86
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE REGIONAL SUPERVISOR

This form is to be filed in compliance with F.R.D. 1004.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the pressure tests taken on the well in accordance with N.O.C. 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other reclassification of well.
Separate Form C-104 must be filed for each new well or recompleted well.