

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

Form C-104
Revised 10-1-70

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator
Meridian Oil Inc.

Address
21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in ~~XXXXXX~~ ☒ Operator

Change in Transporter of:

Oil ☐
Casinghead 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 Co., 1800 Wilco Building, Midland, Tx 79701

1. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott Federal	Well No. 1	Pool Name, including Formation. Rhodes (Yates-7Rivers) <i>Yes</i>	Kind of Lease State, Federal or Fee Federal	Lease No. LQ-064019
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>26S</u> Range <u>37E</u> , NMPM, Lea				

2. 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)
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>F</u> Sec. <u>17</u> Twp. <u>26S</u> Rge. <u>37E</u>	Yes Unknown

3. 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.

Carly Rhodes
Carly Rhodes
(Signature)

Engineering Tech III

(Title)

9/11/86

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 1 1986, 19

BY ORIGINAL SIGNED BY JERRY EDDON

DISTRICT SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the casing tests taken on the well in accordance with RULE 104.

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 such changes.

Separate Form C-104 must be filed for each pool or field recompleted well.

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HOBBS OFFICE