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**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

RECEIVED  
NOV 01 1986  
OIL CON. DIV.  
DIST. 3

Operator Meridian Oil Inc.		Dist. 3	
Address P. O. Box 4289, Farmington, NM 87499			
Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership		Change in Transporter oil: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Operatorship		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

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Canyon Largo Unit	115	Ballard Pictured Cliffs	State (Federal) or Fee SF 078877	
Location				
Unit Letter <u>B</u> : <u>1090</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section	<u>8</u>	Township	<u>24N</u>	Range
			<u>6W</u>	<u>NMPM,</u>
			<u>Rio Arriba</u>	County

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 Casinhead 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
	B	8	24N	6W		

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.

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]*  
(Signature)  
Drilling Clerk  
(Title)  
11-1-86  
(Date)

NOV 01 1986

APPROVED \_\_\_\_\_ 19 \_\_\_\_\_  
BY Brian J. Chang  
TITLE \_\_\_\_\_ SUPERVISION DISTRICT # 3

**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 AULG 111.

All sections of this form must be filled out completely for allow-  
able 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.