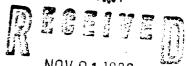
## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OPERATOR			
PROBATION OFF			

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1



## REQUEST FOR ALLOWABLE

PROBATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL CON. DIV.						
Operator Meridian Oil Inc.						(DiST. 3	
P. O. Box 4289, Farming	gton, NM	87499			· · · · · · · · · · · · · · · · · · ·		
Reason(s) for filing (Check proper box)				Other (Plea	10 000/0101		
Now Well	Change :	A Transporter of:		1		: - O	
Recognistion			Dry Ges	for E1	an Oil Inc.	is Operator	
X change in China Man Operators	hin cas	ingh <del>ead</del> Ges	Condensere	TOP EI	Paso Produc	tion Company	
If change of ownership give name El	Paso Na	itural Gas C	ompany, P.	O. Box	4289, Farming	gton, NM 87499	
II. DESCRIPTION OF WELL AND					•		
51cařiTla B	Mail No.	PSW Nº BI affect	Trud Estimation!	ffs Ext.	Kind of Lease)	Jic. Contles No.	
	•	L			State, Federal or f		
Location D 1170		North		925		West	
Unit Letter :		om The	Line and		Feet From The	Amadia	
Line of Section Town	_		• • • •			Arriba	
Cive of Section 1 Own	auth	Pange		, NMPI	ч,	County	
Meridian Oil Inc.  Himpason Marafah Gus Comp			P. O.	Box 428	9. Farmington	opy of this form is to be sent)  1. NM 87499  1. NM 87499 be sent;	
If well produces oil or liquids, give location of tanks.	1	+ ZON	(32. 0.	ready connec		ाः <u>। अस्तिकारमञ्जून</u> मञ्जूषा	
If this production is commingled with	that from a	y other lease or	pool, give com	mingling orde	r number:		
NOTE: Complete Parts IV and V	on reverse s	ide if necessary.			-		
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION						IDIVISION	
			il i			NUV u 1 1986,	
hereby certify that the rules and regulation been complied with and that the information				OVED	<u>-</u>	107 01 1500 19	
ny knowledge and belief.	given is true 2	na complete to the bi	BY	·	7.1	3 d	
			TITLE	•	SUPERV		
•						lience with MULE 1104.	
1320 3 milk	_		13		•	for a newly drilled or deepene	
Signature) Drilling Clerk		well, t	his form mus		by a tabulation of the deviation		
(Tule)			— ∥ AI	l sections of	this form must be	filled out completely for allow	
11-1-86 (Date)			Fi	shie 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.			
			Se		•	flied for each pool in multiply	