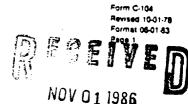
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAME OFFICE			
TRANSPORTER	016		
	844		
OPERATOR.			
PROBATION OFFICE			

OIL CONSERVATION DIVISION SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE

	PORT OIL AND NATURAL GAS CON. DIV.
I. Operate Morridian Oil Tra	DIST, 3
Meridian Oil Inc.	•
P. O. Box 4289, Farmington, NM 87499	
Respon(s) for filing (Check proper box) New Wolf Change in Transporter of:	Other (Please explain)
	Meridian Oil Inc. is Operator for El Paso Production Company
Champo WCWWWWWDperatorship Casineheed Ges	andensete -
If change of ownership give name El Paso Natural Gas Compa	any, P. O. Box 4289, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, including F	ormation Kind of Lease Lease No.
Lindrith Unit 58 So Blanco Pi	ctured Cliffs SF 078909
Unit Letter M : 1150 Feet From The South Lin	ne and 990 Feet From The West
Line of Section 20 Township 24N Range	2W , NMPM, Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit or Condensate Meridian Oil Inc. Name of Authorized Transporter of Casinghedd Gas or Dry Gas All El Paso Natural Gas Company If well produces oil or liquids, que location of tanks. M 20 24N 2W If this production is commingled with that from any other lease or pool.	P. O. Box 4289. Farmington. NM 87499 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289. Farmington. NM 87499 Is gas actually connected? when
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPILANCE OIL CONSERVATION DIVISION	
	NOV 0 1, 1986
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	APPROVES
my knowledge and belief.	8Y
	TITLE SUPERVISION DISTRICT #3
C Van X) and	This form is to be filed in compliance with RULE 1104.
Signalura)	If this is a request for allowable for a newly drilled or deepened
Drilling Clerk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULS 111.
(Tule)	All sections of this form must be filled out completely for silowable on new and recompleted wells.
11-1-86 (Date)	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.