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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
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OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.	
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"/> Recombination <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate
Meridian Oil Inc. is Operator for El Paso Production Company	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit		Well No. 261	Pool Name, Including Formation Ballard Pictured Cliffs		Kind of Lease State, Federal or Fee	SF 078886	Lease No.
Location L 1715		South		1115		West	
Unit Letter _____		Feet From The _____		Line and _____		Feet From The _____	
21		24N		6W		Rio Arriba	
Line of Section		Township		Range		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 Caselnead 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 L	Sec 21	Twp 24N	Rge 6W	Is gas actually connected? when

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)
Drilling Clerk
(Title)
11-1-86
(Date)

NOV 01 1986

APPROVED _____, 19 _____

BY David J. [Signature]

TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with NULG 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 allowance 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.