## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA PE			
FILE			
U.1.0.5,			
LAMO OFFICE			
TRANSPORTER	016		
	GAS		
OPERATOR			
PROBATION OFFICE			

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



Separate Forms C-104 must be filed for each pool in multip

PROBATION OFFICE AUTHORIZATION TO TRANSFI.	PORT OIL AND NATURAL GAS DIST. 3
Meridian Oil Inc.	
P. O. Box 4289, Farmington, NM 87499	
	Other (Please explain)  Meridian Oil Inc. is Operator  for El Paso Production Company  andensere
If change of ownership give name El Paso Natural Gas Compa and address of previous owner El Paso Natural Gas Compa	my, P. O. Box 4289, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE  Veil No. Pool Name, including For So. Blanco Pic	ctured Cliffs   Kind of Lease   Jic. Cont 65
Location H 1640 North Unit Letter : Feet From The Line	1000 East
22 25N Line of Section Township Range	4W Rio Arriba , NMPM, County
Meridian Oil Inc.  Name el Authorized Transporter of Cit or Condensate Transporter of Cit or Condensate Transporter of Casingned Gas or Dry Gas Transporter of Casingn	P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form 13 to be sent)  P. O. Box 4289, Farmington, NM 87499  Is gas actually connected?
If this production is commingled with that from any other lesse or pool.	give commingling order numbers
NOTE: Complete Parts IV and V on reverse side if necessary.  VI. 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 is true and complete to the best of my knowledge and belief.  (Signature)  Drilling Clerk  (Tule)	OIL CONSERVATION DIVISION  NOV 01 1985  BY  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 deepen well, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable for a new part of the deviation of the sections of this form must be filled out completely for allowable for allowable for allowable filled out completely for allowable for allowable for allowable filled out completely for allowable for allowable for allowable filled out completely for allowable filled out completely for allowable filled fi
11-1-86 (Dece)	able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owns well name or number, or transporter, or other such change of conditions.