

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

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SEP 09 1985

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 3

I.

Operator: MERIDIAN OIL INC.

Address: P. O. BOX 4289; FARMINGTON, NEW MEXICO 87499

Reason(s) for filing (Check proper box):
 New Well
 Recompletion
 Change in ~~Operatorship~~ Operatorship
 Change in Transporter of:
 Oil
 Dry Gas
 Casinghead Gas
 Condensate
 Other (Please explain):
Meridian Oil Inc. is an agent for Meridian Oil Production Inc.

If change of ~~operatorship~~ operatorship give name and address of previous owner: El Paso Exploration Company whose name changed, as of 4-10-85, to Meridian Oil Production Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla #123 C</u>	Well No. <u>#20</u>	Pool Name, including Formation <u>S. Blanco Pictured Cliffs</u>	Kind of Lease <u>Federal</u> State, Federal or Fee	Lease No. <u>Jic. 123C</u>
Location Unit Letter <u>C</u> <u>990</u> Feet From The <u>North</u> Line and <u>1550</u> Feet From The <u>West</u>	Line of Section <u>6</u> Township <u>T25N</u> Range <u>R4W</u> , NMPM, <u>Rio Arriba</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>None - No Production Tanks</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Northwest Pipeline Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 90, Farmington, N.M. 87499</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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.

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.

James R. Permenter
 JAMES R. PERMENTER (Signature)
 ATTORNEY-IN-FACT (Title)
 APRIL 10, 1985 (Date)

OIL CONSERVATION DIVISION

APPROVED SEP 09 1985, 19____
 BY Frank J. Davis
 TITLE COMMISSIONER 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 RULE 111.
 All sections of this form must be filled out completely for allowable 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.