## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	11440		
DISTRIBUTION			
SANTA PE			
FILE		$I_{-}$	
U.4.Q.S.	_		
LAND OFFICE			
TRAMSPORTER	016		
	944		
OPERATOR			_
PROBATION OF	168		

## OIL CONSERVATION DIVISION SANTA FE, NEW MEXICO 87501

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

DECRIECT COD ALLOWADIE

PROMATION OFFICE	AUTHO	RIZATION TO TRAN	AND SPORT OIL AND NA	TURAL GASON CON	l 1986 🐸
Operater Meridian Oil Inc.				Diej.	3
Address P. O. Box 4289, Fa	rmington, NM	87499			
Recem(s) for filing (Check proposed)  New Woll  Recompletion  X Change INCESSIMMOMOPET:	Change i	<b>==</b>	Merio	dian Oil Inc. is Op El Paso Production	
If change of awnership give na and address of previous awner II. DESCRIPTION OF WELL		tural Gas Comp	pany, P. O. Box	4289, Farmington,	NM 87499
Losso Name Kimbell Com	well No.		formstion ictured Cliffs	States(Federal)or Fee	SF 080136
Unit Letter C :	860 Feet Fr	north North	ine and1670	Feet From The	est
Line of Section 23	Township 2	5N Range	6W , NA	ирм, Rio Arri	ba County
Meridian Oil Inc.  Name of Authorized Transporter  Meridian Oil Inc.  Name of Authorized Transporter  El Paso Natural Gas	of Casingnead Gas		P. O. Box 47	289, Farmington, NM 289, Farmington, NM 288 to which approved copy of the 4289, Farmington,	Ats form is to be sent)
If well produces oil or liquids, give location of tants.	Unit Sec		is gas actually conf	lected? When	Performance of the Control of the Co

If this production is commingled with that from any

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 beitef.

Tegge Doak
(Signature)
Drilling Clerk
(Tule) 11-1-86
/Date i

## OIL CONSERVATION DIVISION

APPROVED	NUV UI 1986,
	7.12
BY	and the same
TITLE	SUPERVISION DISTRICT # 3

This form is to be filed in compliance with MULE 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 AULE 111.

All sections of this form must be filled out completely for silowable 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.