STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

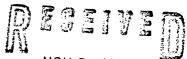
	Т			
OIST 4 IOUT :		I		
SANTA PE		T		
FILE				
U.S.G.A.				ì
LANG OFFICE				
TRANSPORTER	016			
	948			
OPERATOR				
PRORATION OFFICE				I

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Revised 10-01-78 Format 06-01-83 Page 1

Form C-104



OPERATOR PROBATION OFFICE		R ALLOWABLE	NOV	011986	
I.	TION TO TRANS	PORT OIL AND NATI	JRAL GAS OIL CO	ON. DIV.I	
Meridian Oil Inc.		-	DI	ST. 3	
P. O. Box 4289, Farmington, NM 874	99				
Reason(s) for filing (Check proper box)		Other (Pleas	e explain)		
New Well Change in Tra		Meridian Oil Inc. is Operator			
Recompletion USA Change IN COMMISSION OPERATORS IN Compete IN Commission Operators in Commission Opera	72	for E1	Paso Production	n Company	
If change of ownership give name El Paso Natur		iny, P. O. Box	1289, Farmington	ı, NM 87499	
II. DESCRIPTION OF WELL AND LEASE	Name, including F	or mail on	Kind of Lease.		
Canyon Largo Unit 291 B	asin Dakota		State, Federal or Fee	SF 078877-000 No.	
Location D 860	North	1180		West	
Unit Letter : Feet From Th	•Lin	6W	Feet From The Rio Arr		
Line of Section Township	Range	OW , NMPA		1DA County	
El Paso Natural Gas Company	or Dry Gas (X)	P. O. Box 428	Farmington, N. Farmington, N. Farmington,	'NM'287498 ° *****	
If well produces oil or liquids. U IZ give location of tanks.	24N OW		i	पन्न सम्बद्धाः स्टब्स्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस्ट्रेस	
If this production is commingled with that from any oth NOTE: Complete Parts IV and V on reverse side in		11			
VI. CERTIFICATE OF COMPLIANCE	asian Division have	OIL CONSERVATION DIVISION NOV 01 1986			
I hereby certify that the rules and regulations of the Oil Conserv been complied with and that the information given is true and con my knowledge and belief.		BY	المندة	> dian	
		TITLE	SUPERV	ISION DISTRICT # 3	
, ·		This form is to	be filed in complianc	• With MULE 1104.	
(Signature) Drilling Clerk		If this is a request for silowable 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.			
(Tule) 11-1-86		All sections of this form must be filled out completely for allow able on new and recompleted wells.			
(Dete)		Fill out only Sections I. II. III. and VI for changes of owner well name of number, or transporter, or other such change of condition			
•			•	for each pool in multiply	