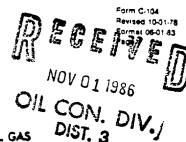
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SAMTA PE			Г
FILE			
U.4.0.4.			
LANG OFFICE			
TRANSPORTER	014		
	446		
OPERATOR			
PROBATION OFFICE			

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS DIST. 3	
Operater Meridian Oil Inc.		
Address		
P. O. Box 4289, Farmington, NM 87499		
Reason(s) for filing (Check proper box)	Other (Please explain)	
Now Well Change in Transporter eli	Meridian off the. Is operator	
	for El Paso Production Company	
Change in Chinicia Operatorship Casinghead Gas C	andens et e	
If change of ownership give name E1 Paso Natural Gas Compa	any P O Box 4289 Farmington VM 87199	
and address of previous owner	my, 1. 0. box 4205, rangington, 384 07455	
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, including F	Cada vici	
Jicarilla F 6 So. Blanco Pi	c. Cliffs Ext. Siete. Federal pr Fee Jic Cont 109	
	1050 Back	
Unit Letter 0 : 1060 Feet From The South Lin	ne andFeet From TheEast	
Line of Section 22 Township 26N Range	5W NMPM, Rio Arriba County	
	NIO MILIDA	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL		
Name of Authorized Transporter of Cit or Condensate	Addiess (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.	P. O. Box 4289, Farmington NM 87499 Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casingneed Gas or Dry Gas 📉	i	
El Pso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499	
If well produces on or liquids, give location of tanks. O 22 26N 5W	The Medical parties of the Control o	
If this production is commingled with that from any other lesse or pool,		
NOTE: Complete Parts IV and V on reverse side if necessary.		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
	MOV 01 1986	
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	APPROVED 1109 01 13009	
my knowledge and belief.	BY	
	TITLE SUPERVISION DISTRICT #3	
(legger Joak)	This form is to be filled in compliance with RULE 1104.	
(Signature)	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	
Drilling Clerk	tests taken on the well in accordance with RULE 111.	
(Tule)	All sections of this form must be filled out completely for sllow able on new and recompleted wells.	
11-1-86	Fill out only Sections I. II. III, and VI for changes of owner.	
(Date)	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.	