STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-01-78 Format 06-01-83 0157416UT108 OIL CONSERVATION DIVISION Page 1 SARTA PE P. O. BOX 2088 FILE SANTA FE, NEW MEXICO 87501 U.S.Q.A. LANG OFFICE OIL ********* 948 REQUEST FOR ALLOWABLE OFFEATOR AND PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Meridian Oil Inc. P. O. Box 4289, Farmington, NM 87499 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Meridian Oil Inc. is Operator OH Dry Ges Recompletion for El Paso Production Company Change in China Million Operatorship Casingheed Ges Condensate If change of ownership give name El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499 and address of previous owner. II. DESCRIPTION OF WELL AND LEASE well No. | Pool Name, including Formation SF 079266 16 Otero Chacra √aughn State Federal or Fee Location L 1840 South 885 West Line and Feet From The Unit Letter 28 26N 6W Rio Arriba Line of Section Township Range NMPM III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Andress (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil or Congensate 🛣 P. O. Box 4289, Farmington. Address (Give address to which approved copy Meridian Oil Inc. NM 87499 Name of Authorizes Transporter of Casinghedd Gas ved copy of this form is to be sent) of Dry Gas IX P. O. Box 4289, Farmington, NM 87499 El Paso Natural Gas Company Rge. Is gas detudiny connected? Unit If well produces oil or liquids. 26N ; 6W L 28 give location of tanta. 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. OIL CONSERVATION DIVISION 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 benea.	
Tegges Doak	
(Signature)	
Drilling Clerk	
(Tule) 11-1-86	
11-1-86	
(Date)	

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APPROVED

SUPERVISION DISTRICT # 3 TITLE .

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 AULE 111.

All sections of this form must be filled out completely for silomable 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 filled for each pool in multiply completed wells.