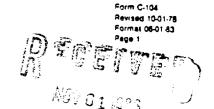
## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE
AND
UTHORIZATION TO TRANSPORT OIL AND NATUR

l.	PORT OIL AND NATURAL GAS
Meridian Oil Inc.	
P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)  New Woll Change in Transporter of:	Other (Please explain)  Meridian Oil Inc. is Operator
	for El Paso Production Company
If change of ownership give name El Paso Natural Gas Compa	iny, P. O. Box 4289, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE  [ well No. ] Pool Name, including F	ormetion   Kind of Lease No.
Vaughn . 18 Otero Chacra	State. Federal or Fee SF 079266
D 1090 North	990 West
29 26N Line of Section Township Range	6W Rio Arriba County
Name of Authorized Transporter of Cosinenced Gos or Dry Gos A El Paso Natural Gas Company  If well produces oil or liquids.  Unit Sec. 7-wp. 8qs. D 29 26N 6W	P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499  Is gas detugily connected?
If this production is commingled with that from any other lesse or pool.  NOTE: Complete Parts IV and V on reverse side if necessary.	give commingling order number:
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.	OIL CONSERVATION DIVISION  APPROVED NOV 01 1986
Signature) Drilling Clerk	TITLE SUPERVISION 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.
(Tule) 11-1-86	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.
(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.