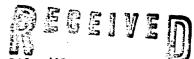
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA PE		\mathbf{L}	
FILE		Ι	
U.\$.G.\$.			
LAMO OFFICE			
TRANSPORTER	014		
	444		
OPERATOR			
PROBATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE



	PORT OIL AND NATURAL GAS NOV D 1 1999			
l	7,0101			
Meridian Oil Inc.	OIL COM. DIV.			
P. O. Box 4289, Farmington, NM 87499	Di31, 3			
Reason(s) for filing (Check proper box)	Other (Please explain)			
Now Well Change in Transporter of:	Meridian Oil Inc. is Operator			
Recompletion OII Dr	for El Paso Production Company			
Themes in Chicket Mile Operatorship Casingheed Ges Co	ondensete :			
If change of ownership give name E1 Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499				
II. DESCRIPTION OF WELL AND LEASE				
Canyon Largo Unit . 200 Ballard Pictus				
Location	OOO Hook			
E 1730 North 890 West Unit Letter : Feet From The Line and Feet From The				
Line of Section 35 Township 25N Range	7W Rio Arriba County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cit or Concensus Address (Give address to which approved copy of this form is to be sent)				
Meridian Oil Inc. P. O. Box 4289, Farmington, NM 87499 Name of Authorized Transporter of Casingness Gas ar Dry Gas Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company P. O. Box 4289, Farmington, NM 87499				
If well produces oil or liquids. E 35 25N 7W	Is gas actually connected? When			
If this production is commingled with that from any other lesse or pool, give commingling order number:				
NOTE: Complete Parts IV and V on reverse side if necessary.				
I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION				
NOV 0.1 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				
my knowledge and belief.	BY			
	TITLE SUPERVISION DISTRICT # 3			
y .				
. The state of	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
All applies of this for must be filled out complete				
(Tule) 11-1-86	able 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 filled for each pool in multiply completed wells.			