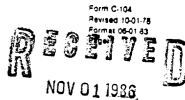
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		
SANTA PE	Т	
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U.8.G.A.		
LANG OFFICE		
TRAMSPORTER OIL		
TAS		
OPERATOR		
PROBATION OFFICE		

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



REQUEST FOR ALLOWABLE

	OIL CON. DIV.
Operate Meridian Oil Inc.	2.51. 5
Address	
P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Woll Change in Transporter of:	Meridian Oil Inc. is Operator
	for El Paso Production Company
If change of ownership give name El Paso Natural Gas Comp	any, P. O. Box 4289, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including	ormation Kind of Lease Lease No.
Canyon Largo Unit 66 Ballard Pictu	
C 1090 North	1500 West
Unit Letter : 1070 Feet From The Li	ne and Feet From The
Line of Section 29 Township 25N Range	7W Rio Arriba County
III. DECICAL TON OF THE ENGROPERS OF OR AND MARKET	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	Addiess (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 Casinghead Gas () or Dry Gas () El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids. C 29 25N 7W	is gus actually connected? when
f this production is commingled with that from any other lease or pool,	give commingling order numbers
NOTE: Complete Parts IV and V on reverse side if necessary.	
	OU CONSERVATION OUTSION
7. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION NOV 01 1986	
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
seen complied with and that the information given is true and complete to the best of my knowledge and belief.	BY 3.1) d
	TITLESUPERVISION DISTRICT # 3
and the second second	This form is to be filed in compliance with RULE 1104.
(Signature) Drilling Clerk	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.
(Title)	All sections of this form must be filled out completely for silow
	able on new and recompleted wells.
11-1-86 (Date)	able 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.