STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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

Form C-104 Revised 10-01-78 Format 08-01-83

REQUEST FOR ALLOWABLE

AND 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 (Piease explain)
More Well Change in Transparier of:	Meridian Oil Inc. is Operator
	for El Paso Production Company
If change of ewnership give name El Paso Natural Gas Compa	any, P. O. Box 4289, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE	
Huerfano Unit 153 Basin Dakota	Ledse No.
200 20011 2010 00	Stete, Federal or Fee SF 079231
Unit Letter B 890 Feet From The Lin	1650 East
Line of Section 18 Township 25N Pange	9W San Juan County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS
Name et Authorized Transporter of Cli or Condensate	Andress (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 Casingheda Gas or Dry Gas A El Paso Natural Gas Company	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
of well produces oil or liquids. Unit , Sec. Twp. Rgs. B , 18 , 25N , 9W	(s gas actually connected? When
If this production is commingled with that from any other lesse or pool,	give comminging order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
	al .
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED NOV U1 1986
been complied with and that the information given is true and complete to the best of	7
my knowledge and belief.	BY
	TITLE SUPERVISION DISTRICT # 3
Chan & had	This form is to be filed in compliance with RULE 1104.
1299et Soar	If this is a request for allowable for a newly drilled or deepened
(Signature) Drilling Clerk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULS 111.
(Tule)	All sections of this form must be filled out completely for silon-
11-1-86	able on new and recompleted wells.
(Date)	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 filed for each pool in multiply completed wells.