## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	11740		
DISTRIBUTION			
SANTA PE		$\Gamma$	
FILE			
U.S.O.S.			
LAND OFFICE			
TRANSPORTER	016		
	GAS		
OPERATOR			
PRORATION OFFICE			

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE

OPERATOR AND				
AND  PROMATION OFFICE  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DIST. 3				
	TOIST. 3			
Operator				
Meridian Oil Inc.				
Address				
P. O. Box 4289, Farmington, NM 87499				
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:	Change in Transporter of:  Meridian Oil Inc. is Operator			
Recompletion Oil D				
Change in Chine in Casinghead Gas Casinghead Gas Casinghead Gas	ondensate ·			
If change of ownership give name E1 Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499				
and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
Lease Name   Well No.   Pool Name, including F	ormation Kind of Lease Lease No.			
Nageezi l Dufers Point	Gallup Dakota Stone, Foderel o) Fee NM 6896			
Location	**************************************			
Unit Letter; Feet From The North Lit	1500 East			
Unit Letter;Feet From TheLit	re andFeet From The			
Line of Section 12 Township 25N Range	9W NMPM, San Juan County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Cil or Condensate	Address (Give address to which approved copy of this form is to be sent)			
Meridian Oil Inc.	D 0 Roy 4290 Formington NM 97400			
Name of Authorized Transporter of Casinghead Gas or Dry Gas X	P. O. Box 4289, Farmington NM 87499  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				
Unit Sec. Twp. Rge.	Is gas actually connected? , When			
If well produces oil or liquids, G 12 25N 9W				
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.				
·				
ERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION				
	APPROVED			
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	APPROVED			
my knowledge and belief.	BY . Standard L			
	District # 3			
	TITLE SUPERVISOR DISTRICT # 3			
$\mathcal{L}(\mathcal{L}(\mathcal{L}))$	This form is to be filed in compliance with RULE 1104.			
Ulggy byak	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			
Drilling Clerk tests taken on the well in accordance with AULE 111.				
(Tule) All sections of this form must be filled out completely for allo-				
11-1-86  able on new and recompleted wells.  Fill out only Sections I. II. III, and VI for changes of ow				
(Date) well name or number, or transporter, or other such change of cond				
·	Separate Forms C-104 must be filed for each pool in multiply			
•1	completed wells.			