STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			Π
BANTA PE			
FILE			
V.S.G.J.			
LANG OFFICE			
TRANSPORTER	OIL		
	GAS.		
OPERATOR			
PROBATION BEFICE			

OIL 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 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operator			
Meridian Oil Inc.			
P. O. Box 4289, Farmington, NM 87499			
Ressen(s) for filing (Check proper box) Other (Please explain)			
New Well Change in Transporter of:	Meridian Oil Inc. is Operator		
Recompletion OII Dr	for El Paso Production Company		
Champo in/Chitisticicicoperatorship Casinghood Gas	ondensate -		
If change of ownership give name El Paso Natural Gas Compa	ny, P. O. Box 4289, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, including Fo	Cedie No.		
San Juan 28-6 Unit 85 So. Blanco Pic	ctured Cliffs State (Federal) or Fee SF 079367B		
Location C 1940 North 1460			
Unit Letter G : 1840 Feet From The North Line and 1460 Feet From The East			
Line of Section 25 Township 27N Range	6W , NMPM, Rio Arriba 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 sen.)		
Meridian Oil Inc. P. O. Box 4289 Farmington NM 87400			
Meridian Ull Inc. P. O. Box 4289, Farmington, NM 87499			
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499		
If well produces oil or liquids, Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks. G 25 27N 6W			
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.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division have	NOV 01 1985		
been complied with and that the information given is true and complete to the best of my knowledge and belief.			
my knowledge and belief.	BY Out Thank		
,	TITLE SUPERVISION DISTRICT # 3		
Segui ask	This form is to be filed in compliance with RULE 1104.		
(Signature) If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devi			
Drilling Clerk teets taken on the well in accordance with AULE 111.			
All sections of this form must be filled out completely for all able on new and recompleted wells.			
(-1-1-00 (-10-1-)	Fill out only Sections I, II. III, and VI for changes of owner,		
46	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.		