## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SAUTA PE			
PILE			
V.4.0.6,			
LAND OFFICE			
TRANSPORTER	016		
	0 A&		
OPERATOR.			
PROBATION OFFICE			

## 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

## \_\_\_\_\_\_

PREDUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
Operator Meridian Oil Inc.		
P. O. Box 4289, Farmington, NM 87499		
Reason(s) for filing (Check proper box)	Other (Please explain)	
	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  Well No.   Pool Name, including F.		
07.5 1.	ictured Cliffs State. (Federal by Fee SF 079392	
Location	SF 079392	
Unit Letter F : 1750 Feet From The North Lin	ne and 1620 Feet From The West	
Line of Section 19 Township 27N Range	5W NMPM, Rio Arriba County	
IIL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL		
Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghedd Gas or Dry Gas 📉	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	
If well produces oil or liquids.  Give location of tanks.  Unit Sec. Twp. Rgs.  F 19 27N 5W	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.	11	
VI. CERTIFICATE OF COMPILANCE OIL CONSERVATION DIVISION		
by 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	7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
my knowledge and belief.	BY	
	TITLE SUPERVISION DISTRICT # 7	
	This form is to be filed in compliance with RULE 1104.	
May Lotal	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 Augg 111.	
Drilling Clerk	All sections of this form must be filled out completely for allow-	
11-1-86	able on new and recompleted wells.	
W.GEIVED	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.	
NOV 01 1990		
UIL CON. DIV.		
DIST 3		