

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

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OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well
 Recombination
 Change in ~~Ownership~~ Operatorship
 Change in Transporter of:
 Oil
 Gas
 Casinghead Gas
 Dry Gas
 Condensate
 Meridian Oil Inc. is Operator for El Paso Production Company

If change of ownership give name and address of previous owner
El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Huerfano Unit
 Well No.: 116
 Pool Name, including Formation: Basin Dakota
 Kind of Lease: SF 080646
 Location: Unit Letter C, 990 Feet From The North Line and 1652 Feet From The West
 Line of Section: 11, Township: 26N, Range: 10W, NMPM, San Juan, Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil or Condensate: Meridian Oil Inc.
 Address: P. O. Box 4289, Farmington, NM 87499
 Name of Authorized Transporter of Casinghead Gas or Dry Gas: El Paso Natural Gas Company
 Address: P. O. Box 4289, Farmington, N 87499
 If well produces oil or liquids, give location of tanks: Unit C, Sec. 11, Twp. 26N, Rge. 10W
 Is gas actually connected? Yes

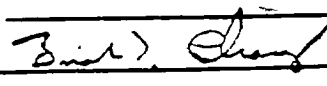
If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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 my knowledge and belief.


 (Signature)
 Drilling Clerk
 (Title)
 11-1-86
 (Date)

OIL CONSERVATION DIVISION
 NOV 01 1986
 APPROVED _____, 19____
 BY 
 TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all able on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multi-completed wells.