

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-81
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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OIL CON. DIV.
DIST. 3

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

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)
 New Well
 Recompletion
 Change in ~~Ownership~~ Operatorship
 Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate
 Other (Please explain)
 Meridian Oil Inc. is Operator for El Paso Production Company

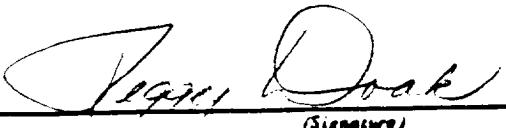
If change of ownership give name and address of previous owner
 El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

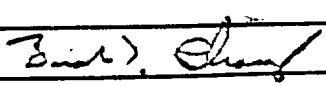
II. DESCRIPTION OF WELL AND LEASE
 Lease Name: Huerfanito Unit
 well No.: 18
 Pool Name, including Formation: Ballard Pictured Cliffs
 Kind of Lease (State, Federal or Fee): B-9320
 Lease No.:
 Location: Unit Letter 0, 990 Feet From The South Line and 1650 Feet From The East
 Line of Section 2, Township 26N, Range 9W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate: Meridian Oil Inc.
 Address (Give address to which approved copy of this form is to be sent): P. O. Box 4289, Farmington, NM 87499
 Name of Authorized Transporter of Casinghead Gas or Dry Gas: El Paso Natural Gas Company
 Address (Give address to which approved copy of this form is to be sent): P. O. Box 4289, Farmington, NM 87499
 If well produces oil or liquids, give location of tanks: Unit 0, Sec. 2, Twp. 26N, Rge. 9W
 Is gas actually connected? _____

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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 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.