## STATE OF NEW MEXICO ENERGY AND MINERALS CEPARTMENT

	41910	T	
DISTRIBUT	<del></del>		1
SANTA PE		1	
FILE		1	
U.S.G.A.		1	
LANG OFFICE		1	
TRANSPORTER	016		
	949		
OPERATOR			
PROBATION OFFICE			

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

Form C-roal Revised 10-01-78 Format 06-01 as Rage 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

A	SPORT DIE AND NATURAL GAS
Meridian Oil Inc.	
Address	
P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please expiain)
New Voti Change in Transporter of:	Meridian Oil Inc. is Operator
T change to be a second and a second as a	for El Paso Production Company
If change of ownership give name El Paso Natural Gas Compand and address of previous owner El Paso Natural Gas Compand	any, P. O. Box 4289, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE	
Lease Name   Well No. Pool Name, including F	formation   Xind of Lease   Lease No.
Huerfano Unit 183 Basin Dakota	State(Federal) or Fee NM 03017
O 1100 South	1500
Unit Letter 1100 Feet From The South	ne andFeet From TheEast
Line of Section 7 Township 26N Range	9W San Juan
	Caunty
Name of Authorized Transporter of Cit or Congeniate T	L GAS
Meridian Oil Inc.	Addiess (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghedd Gas or Cry Gas A	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, Unit Sec. Twp. Age. give location of tanks. 0 7 26N 9W	is gas actually connected? when
If this production is commingled with that from any other lease or pool.	
NOTE: Complete Parts IV and V on reverse side if necessary.	
	31
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	NOV () 1 1986
been complied with and that the information given is true and complete to the best of my knowledge and belief.	7 1
	BY
	TITLE SUPERVISION DISTRICT # 3
Clear Last	This form is to be filed in compliance with RULE 1104.
(Signature)	If this is a request for allowable for a newly drilled or despend
Drilling Clerk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.
(Tule) 11-1-86	All sections of this form must be filled out completely for silow- able on new and recompleted wells.
(Pate)	Fill out only Sections 1 11 17 and 17 for changes of sweet
,	well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply
· <b>!</b> I	completed wells.