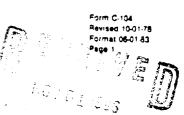
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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PROBATION OFFICE			\mathcal{I}

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



REQUEST FOR ALLOWABLE

7 2202 A 7 10 H	ND PORT 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)	
New Well Change is Transporter of:	Meridian Oil Inc. is Operator	
	for El Paso Production Company	
El dimensional de la constante		
If change of ownership give name El Paso Natural Gas Compa	mr. D. O. Pay 4290 Farmington NV 97100	
and address of previous owner	my, F. O. Box 4289, Farmington, AM 87499	
II DESCRIPTION OF WELL AND LEASE	•	
II. DESCRIPTION OF WELL AND LEASE [well No.] Pool Name, including Fig.	ormation Kind at Lease Lease No.	
	i a company a series	
Huerfano Unit 209 Basin Dakota	State (Federal) or Fee SF 078103	
Unit Letter J : 1500 Feet From The South Lin	e and Feet From The East	
Line of Section 23 Township 26N Range	9W NMPM, San Juan County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS Address (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghedd Gas or Dry Gas A	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 all or liquids, Unit Sec. Twp. Rge. give location of tanks. J 23 26N 9W	Is gas actually connected?	
If this production is commingled with that from any other lesse or pool,	zive commingling order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.		
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION NOV 0.1 1986		
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED	
been complied with and that the information given is true and complete to the best of		
my knowledge and belief.	BY	
	TITLE SUPERVISION DISTRICT # 3	
(Vacan X Lab)	This form is to be filed in compliance with MULE 1104.	
12911 Soak	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-	
(Tule) 11-1-86	shie on new and recompleted wells.	
(Date)	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.	