

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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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 Huerrfano Unit	Well No. 137E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF 078518A
Location A 810 North 1140 East	Unit Letter _____ Feet From The _____ Line and _____ Feet From The _____		Line of Section _____ Township _____ Range _____ NMPM, _____ County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 _____ Range _____ Is gas actually connected? _____ when _____

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

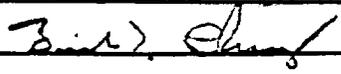
NOTE: Complete Parts IV and V on reverse side if necessary.

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 change 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.