## STATE OF NEW MEXICO ENERGY AND MINERALS CEPARTMENT

**. ** ***** ***	4 1740		
DISTRIBUT	0#	T	T
SARTA PE			
FILE			<del>                                     </del>
V.1.4.1.			1
		1	<del>                                     </del>
TRANSPORTER	DIL		
	848		1
OPERATOR			
PROBATION OF	HCE		

## OLL CONSERVATION DIVISION P. O. BOX 2088

LANG OFFICE SANTA FE, NE	W MEXICO 87501
PRODUCTION OFFICE	OR ALLOWABLE AND SPORT OIL AND NATURAL GAS
Meridian Oil Inc.	- Div
P. O. Box 4289, Farmington, NM 87499	
(V)	Other (Picase expiain)  Meridian Oil Inc. is Operator for El Paso Production Company  Condenses
If change of ownership give name El Paso Natural Gas Compand address of previous owner El Paso Natural Gas Compand II. DESCRIPTION OF WELL AND LEASE	any, P. O. Box 4289, Farmington, NM 87499
Local Name Huerfano Unit  Local Name Huerfano Unit  Local Name Huerfano Unit  Local Name Hool Name, including F	State, Federal or Fee SF 080894
Unit Letter H 1450 North Cit	1100 East
Line of Section 25 Township 26N Pange	10W San Juan County
Meridian Oil Inc.  Name of Authorized Transporter of Casingness Gas or Cry Gas (X)  El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 4289, Farmington, NM 87499  P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids. H Sec. Twp. Rgs. que location of tanes.	is das actually connected?
NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  thereby 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.	OIL CONSERVATION DIVISION NOV () 1 1980 BY 3 19
Tegn, Doak	TITLE SUPERVISION DISTRICT # 3  This form is to be filed in compliance with RULE 1104.  If this is a request for slloweble for a newly drilled or deepens.

Teger Joak
(Signature)
 Drilling Clerk
(Tule) 11-1-86

(Date)

this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.

Form C-104 Revised 10-01-78

Format 06-01-83 Page 1

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.