STATE OF NEW MEXICO THEMTRA

ENERGY AND MIT	VERAL.	SC	EPA
. ** (*** \$168104*			
015741907108			
SAMEA FE			
FILE			
U.6.0			
LANG OFFICE			
TRANSPORTER	OIL	Ì	
	444		
OPERATOR			$ \angle $
PROBATION OFFICE			نے
I			
Operator			
Meridian	0i1	Ir	nc.

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

OPERATOR A	R ALLOWABLE ND PORT OIL AND NATURAL GAS			
Meridian Oil Inc. Address P. O. Box 4289, Farmington, NM 87499				
Reason(s) for filing (Check proper box) New Well Recompletion Oil Dr	Other (Please explain) Meridian Oil Inc. is Operator for El Paso Production Company ondensere			
If change of ownership give name El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease No. Lease No.				
Huerfano Unit 158E Basin Dakota	State.(Federal)ar Fee SF 0779303.			
Location M 850 South Unit Letter : Feet From The Lin	800 West			
Line of Section 8 Township 26N Pange	9W NMPM, San Juan County			
Meridian Oil Inc. Name of Authorized Transporter of Caleingheda Gas or Cry Gas A El Paso Natural Gas Company If well groduces oil or liquids. Name of Authorized Transporter of Caleingheda Gas or Cry Gas A 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 Is gas actually connected?			
If this production is commingled with that from any other lease or pool, give comminging 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. APPROVED APPROVED BY				
	TITLE SUPERVISION DISTRICT # 3			
(Signature) Drilling Clerk (Tule) 11-1-86	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despende 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.			
(Date)	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.			