STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

		_	
	11110		
DISTRIBUTION			
SANTA PE			
PILE			
U.S.G.A.			
LANG OFFICE			
TRAMPORTER	016		
	944		
OPERATOR			
PROBATION 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

REQUEST FOR ALLOWABLE

	ND PORT OIL AND NATURAL GAS	
Operated Meridian Oil Inc.		
P. O. Box 4289, Farmington, NM 87499		
	Other (Please explain) Meridian Oil Inc. is Operator for El Paso Production Company andensete	
If change of ewnership give name El Paso Natural Gas Compa and address of previous owner El Paso Natural Gas Compa	ny, P. O. Box 4289, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE Location Unit Letter N 870 Feet From The South Line	ictured Cliffs State. (*ederet): Fee NM 015150	
Line of Section 1 Township 27N Range	8W , NMPM, San Juan County	
Meridian Oil Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas A El Paso Natural Gas Company If well produces oil or liquids, give location of tanss. Name of Authorized Transporter of Casinghead Gas or Dry Gas A El Paso Natural Gas Company If well produces oil or liquids, give location of tanss. N 1 27N 8W	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 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. 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.	OIL CONSERVATION DIVISION NOV 01 1986 BY	
Drilling Clerk (Tule) 11-1-86 NOV 01 1986	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 allow able 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 filled for each pool in multiply completed wells.	

OIL CON. DIV. DIST. 3