STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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

Revised 10-01-78
Format 08-01-83
Page 1

Form C-104

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GOL Meridian Oil Inc. P. O. Box 4289. Farmington, NM 87499 Reason(s) for filing (Check proper box) Other (Please expiain) Meridian Oil Inc. is Operator Change in Transporter of: New Yell OII Dry Ges for El Paso Production Company Condensate Change INCHIMENTE Operatorship Casinghees Ges If change of ewnership give name El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499 and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Pool Name, including Formation Basin Dakota Kind of Lease 179E SF 079617 Leese Name Huerfano Unit State. Federal or Fee Location West 1830 South 1660 K Line and Feet From The Feet From The Unit Letter San Juan 10W 14 26N County Range NMPM Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate I Andress (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cli Box 4289, Farmington, NM 87499 Meridian Oil Inc. P. 0. Box 4289, Farmington, NM 87499 Name of Authorized Transporter of Casingness Gas (or Dry Gas iX 26N المرابع معطرات معلاك المراداة المراداة المراداة If well produces out or liquids, give location of tanks.

If this production is commingled with that from any other lease or pool, give comminging order numbers

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

(Tule)
11-1-86

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OIL CONSERVATION DIVISION

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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 AULE 111.

All sections of this form must be filled out completely for silomable 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.