STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

PO. 40 10F110 SEE	41140	П	
DISTRIBUTION			
SANTA FE			
FILE			
U.B.G.S.			
LAND OFFICE			
TRANSPORTER	016		
	948		
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

REQUEST FOR ALLOWABLE

1 PRODUCTION APPLICA	ND PORT OIL AND NATURAL GAS		
Operator Meridian Oil Inc.			
P. O. Box 4289, Farmington, NM 87499			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
Recompletion OII Dr	for El Paso Production Company		
Change incommentation peractors in particular des	And a second sec		
If change of ownership give name El Paso Natural Gas Compa	ny, P. O. Box 4289, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE	· .		
Lease Name Well No. Pool Name, including Fo	ormation Kind of Lease Lease No.		
San Juan 28-6 Unit 102 Basin Dakota	State, Foderal or Foo SF 079050		
Location			
Unit Letter H: 1850 Feet From The North Lin	e and 790 Feet From The East		
Line of Section 26 Township 28N Range	6W NMPM, Rio Arriba county		
DI DESCONATION OF TRANSPORTER OF OR AND MATTIRAL	CAS		
Name of Authorized Transporter of Cit or Condensate	Agains (Give address to which approved copy of this form is to be sent)		
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas []	ł		
Northwest Pipeline Corp.	P. O. Box 8900, Salt Lake City, UT 84110		
If well produces oil or liquids. give location of tanks. Unit Sec. Twp. Rge. H 26 28N 6W	ls gas actually connected? #hen to enterprise के स्थापन करिया		
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	OIL CONSERVATION DIVISION		
	18 (18 % A 18 %)		
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	APPROVED, 19		
my knowledge and belief.	BY		
× · · · · · · · · · · · · · · · · · · ·	TITLE SUPERVISION OSCINCT & M		
	This form is to be filed in compliance with MULE 1104.		
light rak	If this is a request for allowable for a newly drilled or deepened		
(Signature) Drilling Clerk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.		
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
11-1-86	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.		