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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

Operator Meridian Oil Inc.	
Address P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership Operatorship	Other (Please explain) Meridian Oil Inc. is Operator for El Paso Production Company
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

Lessee Name San Juan 28-5 Unit	Well No. 67M	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or (fee) Fee	Lease No.
Location				
Unit Letter <u>O</u> : <u>970</u> Feet From The <u>South</u> Line and <u>1450</u> Feet From The <u>East</u>				
Line of Section <u>21</u> Township <u>28N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.					P. O. Box 4289, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
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.	Is gas actually connected?	When
	0	21	28N	5W		

Barry L. Oak
(Signature)
Drilling Clerk
(Title)
11-1-86
(Date)

APPROVED _____ NOV - 1 1985 _____, 19____
BY _____
TITLE _____

Separate Forms C-104 must be filed for each pool in multiply completed wells.