STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION				
BARTA FE				
711.6				
U.8.0.6.				
LAMO 077166			<u>. </u>	
TRANSPORTER	OIL			
	948			
OPERATOR				
PRORATION OFFICE				

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

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

REQUEST FOR ALLOWABLE

PRODUCTION OFFICE AUTHO	RIZATION TO TRANS	SPORT OIL	ND NATUR	RAL GAS	
Meridian Oil Inc.					
P. O. Box 4289, Farmington, NM	87499				
Reason(s) for filing (Check proper bee)		10	ther (Please	espieus	
	In Transporter of:	• · · · · · · · · · · · · · · · · · · ·			
Recompletion Oil	>==	Try Ges		Paso Production	
X Change waterwith Operatorship Com	Inghesi Geo	Condensate ·			
If change of ewnership give name E1 Paso Na	stural Cas Comp	anv P ∩	Por 41	20 Earmington	NW 97100
and address of previous owner	curar das comp	any, r. o	. BOX 42	os, raimington	1, 381 07 +99
II. DESCRIPTION OF WELL AND LEASE	+ <u></u>				
Lackey 7	Harris Mesa	Thomas Py	. 1	Kind of Lease State,(Federal)or Fee	SF 077111
Location	naille nesa	nacia Ex	L.	21010-(1-000101)01 1-00	SF 0//111
	North :	15	00	_ Feet From The	West
Line of Section 26 Township 2	8N Pange	9W	, NMPM,	San Jua	n Coun
L	6 28N 9W	P. O.	Box 428	9, Farmington,	NM 87499 NM 87499
If this production is commingled with that from e	ny other lease or pool,	give commin	gling order	number	
NOTE: Complete Parts IV and V on reverse.	side if necessary.				
VI. CERTIFICATE OF COMPLIANCE			סוליוני	NSERVATION DI	VISION
I hereby certify that the rules and regulations of the Oil Obeen complied with and that the information gives between my knowledge and belief.		APPROV	(ED	Change	, 19
		SU_SU	FERVISI	ON DISTRICT # 3	3
7		TITLE_			
Clase to vak O	. ه	11		be filed in compliance	e with RULE 1104. à aewiy drilled or deepe
(Signature)		well, this	form must	be accompanied by a	tabulation of the deviat
Drilling Clerk	أرن ويرده مية	1		ell in accordance wi his form must be fille	th RULE 111. ed out completely for all
(Tule) 11-1-86		able on n	ew and rec	empleted wells.	• •
(Date)		Fill well name	out only Se	ections I, U. III, and	VI for changes of own or such change of conditi
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Separ	ate Forms	<u>-</u>	l for each pool in multi
	•	li completed	Adiig.		