## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE		П	Г
FILE			
V.5.g.s.			
LANG OFFICE			
TRANSPORTER	OIL		
	BAB		
OPERATOR			
PROPATION 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

7 6666 4 2 4 6 4 6 6 6 6 6 6 6 6 6 6 6 6	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:	Meridian Oil Inc. is Operator
	for El Paso Production Company
X Change In 2014 Million Operatorship Casinghead Gas Ca	ondensate :
If change of ownership give name El Paso Natural Gas Compa	nny, P. O. Box 4289, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, including F.	ormation Kind of Lease Lease No.
San Juan 29-7 Unit 70 Blanco Mesa Vo	5444
Location	
Unit Letter N : 1140 Feet From The South Lin	e and 1550 Feet From The West
Line of Section 35 Township 29N Range	7W . NMPM. Rio Arriba County
Line of Section 33 Township 23N Range	7W , NMPM, Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS
Name of Authorized Transporter of Cil or Condensate X	Agaiess (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.  Name of Authorized Transporter of Casinghedd Gas or Dry Gas K	P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids. Unit , Sec. Twp. Rgs.	Is gas actually connected? When
give location of lanes. N 35 29N 7W	1 Control of the Control of Contr
If this production is commingled with that from any other lesse or pool,	give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
NOV -1 1865	
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.	BY
	TITLE SUPERVICEN SIGN AND
	This form is to be filed in compliance with MULE 1104.
May in Jack	If this is a request for allowable for a newly drilled or deepened
(Signature) Dwilling Cloub	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with Augg 111.
Drilling Clerk (Table)	All sections of this form must be filled out completely for silow
<b>75)</b> - 86	able on new and recompleted wells.
THE SO .	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.
TU TO STAN	Separate Forms C-104 must be filed for each pool in multiply completed wells.
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