STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	41740		
DISTRIBUTION			
SANTA PE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	648		
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 Page 1

REQUEST FOR ALLOWABLE

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I.			
Operator Meridian Oil Inc.			
Address			
P. O. Box 4289, Farmington, NM 87499			
Reason(s) for filing (Check proper box) Change in Transporter of:	Other (Please explain)		
	Meridian Oil Inc. is Operator for El Paso Production Company		
X Change In X Chan	ondensate		
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 F	Company Control of Control		
San Juan 29-7 Unit 74 Blanco Mesa V	erde State Federal or Fee SF 078425		
Unit Letter M : 1190 Feet From The South Lin	e and 1190 Feet From The West		
Line of Section 25 Township 29N Range	7W , NMPM, Rio Arriba County		
Name of Authorized Transporter of Casinghed Gas or Dry Gas (T) El Paso Natural Gas Company If well produces oil or liquids, que location of tanks. M 25 29N 7W	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499 Is gas actually connected?		
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		
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		
	SUPERVISION DISTRICT # 3		
Say L rake	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		
Drilling Clerk	tests taken on the well in accordance with AULE 111.		
(file) 11-1-86 7 7 1 Ba	All sections of this form must be filled out completely for allowable on new and recompleted wells. 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.		