## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

*** ** 10**** ******	
DISTRIBUTION	<del>-  </del>
SANTA PE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OF	
	48
OPERATOR	
I 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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
I. Operator	
Meridian Oil Inc.	
Address	
P. O. Box 4289, Farmington, NM 87499	
Ressen(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter	Meridian Oil Inc. is Operator
Recompletion Oil	Dry Ges for El Paso Production Company
Change In Change In Casinghead Ges	Condensate
If change of ownership give harme El Paso Natural Ga and address of previous owner El Paso Natural Ga	s Company, P. O. Box 4289, Farmington, NM 87499
	·
II. DESCRIPTION OF WELL AND LEASE	including Formation Kind of Lease Lease No.
Feeta tomina	Mesa Verde Ext. State (Federal) or Fee SF 079488
ba. Gaar G	MCSA VCIAC BAC.
Location /500 K 1590 Sol	uth ine and 1110 Feet From The West
Unit Letter Feet From The	tine and Feet From The
31 Taymahin 30N	Runge 4W NMPM, Rio Arriba County
Line of Section 31 Township 3014	runde ' i mermi
III. DESIGNATION OF TRANSPORTER OF OIL AND N	JATTIRAL GAS
Name of Authorized Transporter of Cit or Congensate X	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 or Dry G	
Northwest Pipeline Corp.	P. O. Box 8900, Salt Lake City, UT 84110
Unit , Sec. Twp.	Rge. Is gas actually connected?
If well produces oil or liquids. K 31 30N	4W
If this production is commingled with that from any other less	e or pool, give comminging order number:
NOTE: Complete Parts IV and V on reverse side if neces	sary.
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
	NO - Min
I hereby certify that the rules and regulations of the Oil Conservation Di	vision have APPROVED
been complied with and that the information given is true and complete to my knowledge and belief.	the best of
my knowledge and benes.	
	TITLE Diff of the Control of the Con
	This form is to be filed in compliance with RULE 1104.
May he bak	If this is a request for allowable for a newly drilled or deepened
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.
Drilling Clerk	All sections of this form must be filled out completely for allow-
(Tule) 11-1-86	able on new and recompleted wells.
	Fill out only Sections I. II. III, and VI for changes of condition
(Date) D & G	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.

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