STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT  OFFICE OFFICE U.S.O.A. LAND OFFICE OIL OPERATOR OFFICE PROMATION OFFICE	OIL CUNSERVA SAN OIL CONSER SANTA FE. N	VATION BOX 2088 EW MEXI	I DIVISIO ICO 87501	MAR 2		
Meridian Oil Inc.	•		x		Salar Salar	
PO Box 4289 Farming Reason(s) for Isling (Check proper box)  New Well	Change in Transporter of:			n Oil Inc.	is an agent	
Recompletion Change in Ownership	Casinghead Gas	Dry Gas Condensate	for Mer	idian Oil I	Production In	
If change of ownership give name					La Sangara	
and address of previous owner	CACD	-			e e e e e e e e e e e e e e e e e e e	
II. DESCRIPTION OF WELL AND LE	Well No. Pool Name, Including		ı	(ind of Lease	Leas	
Blanco 29-12 Com	1E   Basin Dakot	a	.   S	tate, Federal or Fee	NM 048572	
,	Feet From The North	Line and	790	Feet From The Ea	ast	
Line of Section 7 Township	p 29N Range	12W	, NMPM,	San Jua	an c	
III. DESIGNATION OF TRANSPORT	TER OF OUR AND MATTIR	AT CAS				
Name of Authorized Transporter of Oil	or Condensate	Address (			of this form is to be sent	
Meridian Oil Trading Inc.  Name of Authorized Transporter of Casinghead Gas or Dry Gas 📉			Address (Give address to which approved copy of this form is to be sent			
El Paso Natural Gas C	<u> </u>	<del>_</del>	ox 4289,		, NM 87499	
If well produces oil or liquids, que location of tanks.	7 29N 12W	1 '		1 """	:	
If this production is commingled with the	t from any other lease or poo	l, give comm	ungling order n	umber:		
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 hav	APPRO	VED	MAR	2.6/1886	
been complied with and that the information give my knowledge and belief.	n is true and complete to the best o	BY	•	Trank	J. Come	
		TITLE		SUPERVISOR	R DISTRICT E TO	
		Thi	s form is to be	filed in complian	ce with RULE 1104.	
Algan Loale Signatures					a newly drilled or dee a tabulation of the dev	
Drilling Clerk				l in accordance w		
(Title)		11	*		ed out completely for	

(Dose)

Fill out only Sections I, II, III, and VI for changes of owname or number, or transporter, or other such change of condi

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