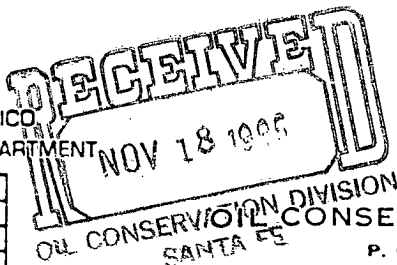


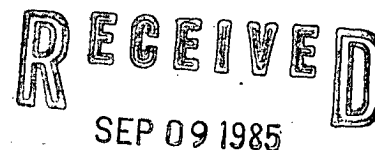
STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
PRODUCTION OFFICE	



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.		OIL CON. DIV. DIST. 3
Address P. O. BOX 4289; FARMINGTON, NEW MEXICO 87499		
Reason(s) for filing (Check proper box)		Other (Please explain) Meridian Oil Inc. is an agent for Meridian Oil Production Inc.
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership Operatorship <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate		

If change of ~~ownership~~ operatorship give name and address of previous owner El Paso Exploration Company whose name changed, as of 4-10-85, to Meridian Oil Production Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Blanco 29-12 Com	Well No. #1E	Pool Name, including Formation Basin Dakota	Kind of Lease Federal State, Federal or Fee	Lease No. NM 048572
Location Unit Letter H 1800 Feet From The North Line and 790 Feet From The East Line of Section 7 Township T29N Range R12W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit H Sec. 7 Twp. 29N Rge. 12W	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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.

JAMES R. PERMENTER (Signature)
ATTORNEY-IN-FACT
(Title)
APRIL 10, 1985
(Date)

OIL CONSERVATION DIVISION
SEP 09 1985
APPROVED _____, 19____
BY
SUPERVISOR DISTRICT 3
TITLE _____

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 tests taken on the well in accordance with RULE 111.
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, 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.