

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
RECEIVED

NOV 01 1986

OIL CON. DIV.
DIST. 3

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)
<input type="checkbox"/> New Well	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Meridian Oil Inc. is Operator for El Paso Production Company
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Change in Operatorship	<input type="checkbox"/> Casingshead Gas	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner **El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

Well Name H111	Well No. 6	Pool Name, including formation Sb. Blanco Pic. Cliffs Ext.	Kind of Lease State, Federal or Fee	Lease No. SF 079456
Location A	990	North	990	East
Unit Letter 20	Feet From The 24N	Line and 3W	Feet From The Rio Arriba	
Line of Section	Township	Range	NMPM	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

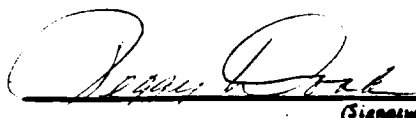
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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, give location of tanks.	Unit 20 Section 24N Range 3W Is gas actually connected? <input type="checkbox"/> 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

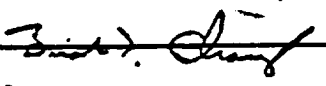
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.



(Signature)
Drilling Clerk

(Title)
11-1-86

(Date)

OIL CONSERVATION DIVISION
APPROVED **NOV 01 1986** 19 _____
BY 
TITLE **SUPERVISION DISTRICT # 3**

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.