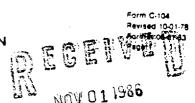
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

	}
016741807100	
SAMTA PE	
FILE	
V.1.0.4.	
LAMO OFFICE	
THAMSPORTED OIL	
646	
OPERATOR	
PROBATION OFFICE	

OLE CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



LAMO OFFICE	1 1986 A 1 1986
TRAMSPORTER GAS DECLISET ED	
OPERATOR REQUEST FO	R ALLOWABLE CON DIV.
PRODUCTION OFFICE	IND
I.	OR ALLOWABLE AND CON. DIV. SPORT OIL AND NATURAL GAS IL CON. 3
Operator	
Meridian Oil Inc.	
Address	
P. O. Box 4289, Farmington, NM 87499	
Rioson(s) for filing (Check proper box)	Other (Please explain)
New Wolf Change in Transporter of:	Meridian Oil Inc. is Operator
	for El Paso Production Company
X Change in Change in Change in Casinghead Gas C	ondens et e
If change of ewnership give name El Paso Natural Gas Compa	any, P. O. Box 4289, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE [weil No. Pool Name, including F	ormation King of Lease Lease
	ic. Cliffs Ext. State. (Federal or Fee Jic Cont 110
Lecentian 7 50. Branco 11	ic. dillis like. dissi, titaly is die done 110
Unit Letter P : 990 Feet From The South Lin	ne and 990 Feet From The East
Line of Section 20 Township 26N Range	5W NMPM, Rio Arriba Caunty
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	I GAS
Name of Authorized Transporter of Cit or Condensate	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 Casinghedd Gas ar Dry Gas A	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. Unit , Sec. Twp. Rgs.	is gas actually connected? , when
give location of tanks. P 20 26N 5W	The second secon
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	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	17
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
and another and benefit	Division of the state of the st
	TITLE SIDEPVISION DISTRICT # 3
	This form is to be filed in compliance with mulg 1104.
Sigger Soak	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
Drilling Clerk	tests taken on the well in accordance with AUL E 111.
(Title) All sections of this form must be filled out completely for allo able on new and recompleted wells.	
11-1-86	1

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.