

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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
Page 1

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	MERIDIAN OIL INC.
Address	P. O. BOX 4289; FARMINGTON, NEW MEXICO 87499
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	Meridian Oil Inc. is an agent for Meridian Oil Production Inc.
<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"/> 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	San Juan 29-9	Well No.	#1	Pool Name, including Formation	S. Blanco Pictured Cliffs	Kind of Lease	Federal	Lease No.	NM 029146
Location	C	1055	North	1500	West	State, Federal or Fee			
Unit Letter			Feet From The	Line and	Feet From The				
Line of Section	35	Township	T29N	Range	R9W			San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None - No Production Tanks	
Name of Authorized Transporter of Casinghead 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 Co.	P.O. Box 4289, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs.
	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.

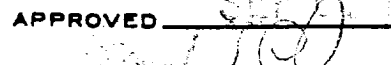
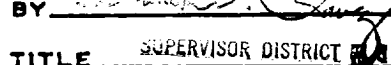
VI. CERTIFICATE OF COMPLIANCE

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

APPROVED  1985
BY 
TITLE SUPERVISOR DISTRICT #1

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.