STATE OF NEW MEXICO. ENERGY AND MINERALS DEPARTMENT

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SANTA PE			
FILE			
U.S.O.A.			
LANG OFFICE			
TRANSPORTER	016		
	948		
OPERATOR			
PROBATION 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	
Meridian Oil Inc.	
Address	
P. O. Box 4289, Farmington, NM 87499	
coson(s) for filing (Check proper box) Other (Please explain)	
New Well Change in Transporter of:	Meridian Oil Inc. is Operator
	for El Paso Production Company
If change of ownership give name El Paso Natural Gas Compand address of previous owner El Paso Natural Gas Compa	any, P. O. Box 4289, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including F	ormation Kind of Legae
Howell K 2A Blanco Mesa	Cedse No.
Location	, 52 d 7 d 7 d 7 d 7 d 7 d 7 d 7 d 7 d 7 d
Unit Letter F : 1800 Feet From The North Lin	se and1590 Feet From The West
22 201	2
Line of Section 22 Township 30N Range	8W , NMPM, San Juan County
IIL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	
Name of Authorized Transporter of Cit or Condensate	Andress (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 Casinghead Gas or Dry Gas X	P. O. Box 4289, Farmington, NM 87499 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, que location of tanks. Unit Sec. Twp. Rgs. Rgs. Sec. Twp. Rgs. Rgs.	ls que 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	OIL CONSERVATION DIVISION
	NOV - 1 1800
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	APPROVED, 19
my knowledge and belief.	BY Bil Don
	TITLE SUPERVISION DISTRICT # 3
	TITLE SUPERVISION DISCHAPE II
Second Joak	This form is to be filed in compliance with RULE 1104,
(Signature)	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
Drilling Clerk	tests taken on the well in accordance with AULE 111.
(Tule) 11-1-86	All sections of this form must be filled out completely for allowable on new and recompleted wells.
(Date)	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