STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	11740		
DIST # 18 UT 104			
SANTA FE			
PILE			
U.8.0.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	646		
OPERATOR			
8888 AT 100 BEELES			

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

Coereter		
Meridian Oil Inc.		
P. O. Box 4289, Farmington, NM 87499		
Ressen(s) for filing (Check proper box)	Other (Please explain)	
New Woll Change in Transporter of: Meridian Oil Inc. is Operator		
Responsibilities Out Dry Ges for El Paso Production Company		
	ndensete	
If change of ownership give name El Paso Natural Gas Comparand oddress of previous owner El Paso Natural Bas Comparand	ny, P. O. Box 4289, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Fo	ermation Kind of Lease Lease No.	
Randlemon 1 Blanco Mesa V	e	
Location		
Unit Letter B : 990 Feet From The North Line	e and 1800 Feet From The East	
Unit Critic		
Line of Section 26 Township 31N Range	11W , NMPM, San Juan County	
Meridian Oil Inc. Name of Authorized Transporter of Casinghead Gas ar Dry Gas The El Paso Natural Gas Company If well produces oil or liquids, give location of tanks. B 26 31N 11W		
If this preduction is commingled with that from any other lease or pool,	give comminging order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.		
OH CONSERVATION DIVISION		
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	APPROVED	
my knowledge and belief.	BY	
	SUPERVISION PIBLICIA # 0	
Signalure)	This form is to be filed in compliance with RULE 1104. If this is a request for silowable 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. All sections of this form must be filled out completely for silow	
(Tule) 11-1-86	able on new and recompleted wells.	
(Date) NOV = 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.	