## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	47740		
DISTRIBUTION			
BANTA FE			
FILE			
V.1.G.1.			
LAND OFFICE			
TRANSPORTER	OIL		
	BAB	·	
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

TOOLATION OFFICE	ND PORT OIL AND NATURAL GAS
Operator Meridian Oil Inc.	***************************************
P. O. Box 4289, Farmington, NM 87499	
	Other (Please explain)  Meridian Oil Inc. is Operator  for El Paso Production Company
If change of ownership give name El Paso Natural Gas Comparand address of previous owner El Paso Natural Gas Comparand El Paso	
II. DESCRIPTION OF WELL AND LEASE  Lease Name Atlantic  17 Blanco Pictur	red Cliffs Ext. State, Federal or (** ) Fee
Location Unit Letter L : 1680 Feet From The South Line	e and 965 Feet From The West
Line of Section 24 Township 31N Range	10W , NMPM, San Juan County
HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate X Meridian Oil Inc.  Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company  If well produces oil or liquids, Unit Sec. Twp. Rgs.  give location of tanks. L 24 31N 10W	P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 4289, Farmington, NM 87499  P. O. Box 4289, Farmington, NM 87499  Is gas actually connected?  When
If this production is commingled with that from any other lease or pool,  NOTE: Complete Parts IV and V on reverse side if necessary.	14
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.	OIL CONSERVATION DIVISION  APPROVED
Signature) Drilling Clerk  (Title) 11-1-86	TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepens 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 allow able on new and recompleted wells.  Fill out only Sections I. II. III, and VI for changes of owner.
(Date) well name or number, or transporter, or other such change	