STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SAMTA PE			
FILE			
V.4.0.4.			
LAMO OFFICE			
TRANSPORTER	016		
	449		
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 NOV 01 1986

REQUEST FOR ALLOWABLE

I. AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS DIST. 3	
Meridian Oil Inc.		
P. O. Box 4289, Farmington, NM 87499		
	Other (Please explain) Meridian Oil Inc. is Operator for El Paso Production Company andensete	
If change of ewnership give name E1 Paso Natural Gas Compand and address of previous owner E1 Paso Natural Gas Compa	iny, P. O. Box 4289, Farmington, NM 87499	
Lesse Name Well No. Pool Name, Including F	red Cliffs Ext. State, Federal or Fee SF 078925	
Location G 1550 North Unit Letter : Feet From The Lin	1652 East	
Line of Section 26 Township 24N Range	6W Rio Arriba County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit or Condensate Meridian Oil Inc. Name of Authorized Transporter of Casinghed Gas or Dry Gas A El Paso Natural Gas Company If well produces oil of liquids.	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 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499 Is gas actually connected?	
If this production is commingled with that from any other lease or pool.	The state of the s	
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.	OIL CONSERVATION DIVISION NOV 01 1986, BY	
(Signature)	TITLE SUPERVISION DISTRICT # 3 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	
Drilling Clerk	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
11-1-86 (Date)	shie 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.	