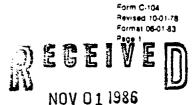
## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			$\Gamma$
SARTA FE			
FILE			
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LANG OFFICE			
TRANSPORTER	ادر		
	<b>EA9</b>		
OPERATOR			
PROBATION OFFICE			

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE

OPERATOR AND			
AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GRAIL CON. DIV.		
1. Operator	DIST. 3		
Meridian Oil Inc.			
Address			
P. O. Box 4289, Farmington, NM 87499			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change is Transporter of:	Meridian off inc. is operator		
	for El Paso Production Company		
X Change in Change in Casinghead Ges Co	andens et e		
If change of ownership give name El Paso Natural Gas Compa	ny, P. O. Box 4289, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE			
Canyon Largo Unit Well No. Pool Name, Including Fo	red Cliffs Ext State, (Federal) or Fee SF 078886		
H 1750 North	990 East		
Unit Letter;Feet From TheLin	e and Feet From The		
Line of Section 17 Township 24N Range	6W Rio Arriba County		
Meridian Oil Inc.  Name of Authorized Transporter of Casinghed Gas ar Dry Gaz A El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 4289, Farmington, NM 87499		
If well produces oil or liquids. H. 17 24N 6W give location of tanks.	la gas detudity connected?		
If this production is commingled with that from any other lesse or pool,	give commingling order numbers		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION PHE 1986		
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.	BY But ). Change		
my knowledge and other	SUPERVISION DISTRICT # 3		
	TITLE		
	This form is to be filed in compliance with MULE 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 tests taken on the well in accordance with AULE 111.		
Drilling Clerk (Tule)	All sections of this form must be filled out completely for allow-		
11-1-86	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 of condition.		
	Separate Forms C-104 must be filed for each pool in multiply completed wells.		