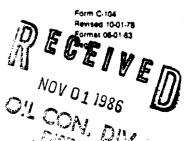
STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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DIST 918 UT 108			
SANTA FE			
FILE			
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LANG OFFICE			
TRAMSPORTER	016		
	648		
OPERATOR			
PROPATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS			
Meridian Oil Inc.				
P. O. Box 4289, Farmington, NM 87499				
Rosson(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of: Meridian Oil Inc. is Operator				
Recompletion Oil Or	y Ges for El Paso Production Company			
Change in Children NO peratorship Casingheas Gas Ca	indensete :			
If change of ownership give name El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499 and oddress of previous owner El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499				
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, including Fo				
	State, Federal or Fee SF 078912			
Location				
Unit Letter R : 1000 Feet From The North Line and 1550 Feet From The East				
Line of Section 1/4 Township 2/M Range	3W , NMPM, Dio 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 Casingness Gas or Dry Gas All El Paso Natural Gas Company If well produces oil or liquids. Unit See. Twp. Rgs. que location of tanzs. R 14 24N 3W If this production is commingled with that from any other lease or pool.	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?			
NOTE: Complete Parts IV and V on reverse side if necessary.				
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION				
	NOV () 1 1095			
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED			
been complied with and that the information given is true and complete to the best of my knowledge and belief.	3:1) Chu			
my anowedge and benefit				
	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 deepen				
(Signature)	well, this form must be accompanied by a tabulation of the deviation			
Drilling Clerk tests taken on the well in accordance with Rulf !!!.				
(Tule)	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
11-1-86	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.			