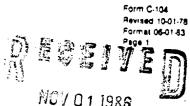
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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PRORATION OFFICE			

OIL CONSERVATION DIVISION

SANTA FE, NEW MEXICO 87501



- COLUMN TO THE	OR ALLOWABLE	
I. AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS DIST. 3	
Meridian Oil Inc.		
P. O. Box 4289, Farmington, NM 87499		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	Meridian Oil Inc. is Operator	
	for El Paso Production Company	
X Change in Child Min Operatorship Casinghead Gas	Condensate	
If change of ownership give name El Paso Natural Gas Compand and eddress of previous owner El Paso Natural Gas Comp	any, P. O. Box 4289, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE		
Hall So. Blanco P	ictured Cliffs State, (Federal or Fee SF 080536	
H 1650 North	000	
	990 East	
Line of Section 28 Township 25N Rance	3W Rio Arriba	
Line of Section Township Range	, NMPM, Caun	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	L GAS	
Name of Authorized Transporter of Cit or Condensate	Againes (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.		
Name of Authorizes Transporter of Casingheda Gas or Dry Gas A El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499	
If well produces oil or liquids. Unit Sec. Twp. Rgs. 28 25N 3W	Is gas actually connected? When	
If this production is commingled with that from any other lease or pool,	give commingling order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
hands and the standard and the Cit Committee Division to	MOV 01 1986	
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 Sind Chang	
	TITLE SUPERVISION DISTRICT # 3	
Land Company of the C	This form is to be filed in compliance with RULE 1104.	
(Signature)	If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat	
Drilling Clerk	tests taken on the well in accordance with AULE 111.	
(Tule) 11-1-86	All sections of this form must be filled out completely for sile shie on new and recompleted wells.	
(Date)	Fill out only Sections I. II. III. and VI for changes of own well name of number, or transporter or other such change of conditions.	

ell name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiple completed wells.