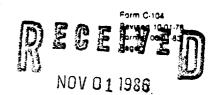
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	016		
	946		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. 80X 2088 SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE

OIL CON. DIV.

I.	L AUTHO	RIZATION TO TRA	NSPORT OIL AND NA	ATURAL GAS	એક. ની
Operator Meridian Oil Inc.					
Address P. O. Box 4289, F	armington, NM	87499			
Recember in Character properties New World Recompletion Change in Character Change in Cha	chone out eratorship ce	ungheed Ges	Dry Cos for Condensate	dian Oil Inc. is El Paso Productio	on Company
If change of ownership give and address of previous own II. DESCRIPTION OF WE Lease Name Jicarilla E	LL AND LEASE	. I Poei Name, includin		Kind of Legae	n, NM 87499 Jic. Cont 64
Location G	1597 Feet Fr	North		Feet From The	East
18		25N Range	4W	Rio Ar	
III. DESIGNATION OF T Name of Authorized Transport Meridian Oil Inc. Name of Authorized Transport El Paso Natural Ga	er of Casingneed Gas (S Company	ar Dry Gas (X	P. O. Box 4	289, Farmington, 4289, Farmington, Farmington	•

NOTE: Complete Parts IV and V on reverse side if necessary.

If this production is commingled with that from any other lease or pool, give commingling order number:

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belief.

	Tigger Doak	
(Signature)		
Drilling Clerk		
	(Tule) 11-1-86	
	/0000	

OIL C	ONSERVATION DIVISION NOV UT 1986
BY	Bis Chan
TITLE	SUPERVISION DISTRICT # 3

This form is to be filed in compliance with MULE 1104.

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 tests taken on the well in accordance with AULE 111.

All sections of this form must be filled out completely for alloable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of own-well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filled for each pool in multip completed wells.