STATE OF NEW MEXICO ENERGY AND MINERALS CEPARTMENT

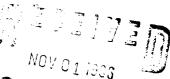
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		ON OIL	OIL GAS

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1



AUTHORIZATION	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
Operator			
Meridian Oil Inc.			
P. O. Box 4289, Farmington, NM 87499			
Receeve(s) for filing (Check proper box)			
New Well Change in Transper	Citer (Please expiain)		
Recompletion OII	meridian off inc. is Operator		
Thomps in Children Coperatorship Casinghood Go	i for the raso Production Company		
of change of ownership give name El Paso Natural	Gas Company, P. O. Box 4289, Farmington, NM 87499		
	the state of the s		
II. DESCRIPTION OF WELL AND LEASE			
	me, including Formation Kind of Lease Lease No.		
	Blanco Pictured Cliffs Stete.(Federal) or Fee SF 078884		
Location	No. whi		
Unit Letter A : 990 Feet From The	North Line and 990 Feet From The East		
Line of Section 14 Township 25N	Pange 6W NMPM, Rio Arriba Caunty		
Cine di Section 21 Semente 2011	Pange DW NMPM, R10 Arriba County		
III. DESIGNATION OF TRANSPORTER OF OIL AND	D NATIONAL CAS		
Name of Authorized Transporter of Cit or Condensate	Addisss (Give address to which approved copy of this form is to be sent)		
Meridian Oil Inc.			
	P. O. Box 4289, Farmington NM 87499 ry Gas X Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499		
If well produces oil or liquids. Unit Sec. Twp give location of tanks. A 14 2	p. तिवृद्ध (s gas actually connected? , when		
If this production is commingled with that from any other is	esse or nool - zive commingling order number		
NOTE: Complete Parts IV and V on reverse side if ne	ecessary.		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
	OIL CONSERVATION DIVISION NOV 0 1 1986		
hereby certify that the rules and regulations of the Oil Conservation			
peen complied with and that the information given is true and complete my knowledge and belief.	BY BY		
•			
	TITLE SUPERVISION DISTRICT # 3		
	This form is to be filed to compliance with suc g 1104.		
	If this is a request for allowable for a newly drilled or despende		
(Signature) Drilling Clonk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULS 111.		
Drilling Clerk	All sections of this form must be filled out completely for silow-		
11-1-86	able on new and recompleted wells.		
(Date)	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 filled for each pool in multiply		
	completed wells.		