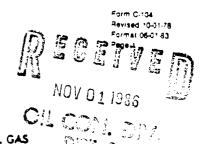
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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PROBATION OFFICE			

OIL CONSERVATION DIVISION SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE AND

I. AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS		
Meridian Oil Inc.			
P. O. Box 4289, Farmington, NM 87499			
Ressen(s) for filing (Check proper box)	Other (Please explain)		
New Well Change is Transporter of:			
	Meridian Oil Inc. is Operator for El Paso Production Company		
X Change un Children Carlo Castagheed Ges c	endensete		
If change of ownership give name El Paso Natural Gas Compa	iny, P. O. Box 4289, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE			
Canyon Largo Unit 140 Pool Name, including F	State, Federal or Fee SF 079177 Lease No.		
Location A 790 North Unit Letter : Feet From The Lir	870 East		
9 25N Hange	6W Rio Arriba		
Pitte of Section (Section)	NMPM, County		
Meridian Oil Inc. Name of Authorises Transporter of Casingness Gas ar Ory Gas Transporter of Casingness Gas ar Ory Gas Transporter of Casingness Gas are Ory Gas Transporter of Casingness Gas are Ory Gas Transporter of Casingness Gas are Ory Gas Transporter of Casingness Gas	P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this 87499 P. O. Box 4289, Farmington, NM 87499 Is gas actually connected? Then Then Then Then The commingling order number:		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE CIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of the Oil Conservation Division have	NOV 01 1986		
been complied with and that the information given is true and complete to the best of my knowledge and belief.			
my knowledge and benef.	BY		
	TITLE SUPERVISION DISTRICT # 3		
	This form is to be filed in compliance with RULE 1104.		
(Signature) Drilling Clerk	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 tasts taken on the well in accordance with AUL 5 (1).		
(Tule)	All sections of this form must be filled out completely for silowable on new and recompleted wells.		
11-1-86 (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 filed for each pool in multiply completed wells.		