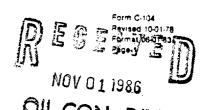
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE AND

OIL CON. DIV.)

Separate Forms C-104 must be filed for each pool in multiply completed weils.

I.	PORT OIL AND NATURAL GAS	
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	
Recompletion Oil Dr	for El Paso Production Company	
Change In Change	andensete	
If change of ownership give name El Paso Natural Gas Compa	ny, P. O. Box 4289, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE Ballad	·	
Veil No. I Pool Name, Including F	Distance Cliffel () CE 070070	
Canyon Largo Unit 54 kargo Canyon	Pictured Cliffs State, Federat or Fee SF 078879	
Location P 990 South Unit Letter : Feet From The Lin	990 East	
Unit Letter : Feet From The Lin	7W Rio Arriba	
Line of Section Township Range	/W RIO ATTIDA County	
HI DESIGNATION OF TRANSPORTER OF OU AND MATTIRAL		
Name of Authorized Transporter of Cit or Condensate X	Andress (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499	
Name of Authorized Transparter of Casinghedd Gas or Dry Gas A	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499	
El Paso Natural Gas Company	P. U. Box 4289, Farmington, NM 87499	
If well produces oil or liquids. P 24 75N Reg. W	Is gas actually connected? When	
If this production is commingled with that from any other lesse or pool.	give comminging order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPLIANCE	NOV 0.1 1986	
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.	7.1	
my knowledge and dener.	ST Such County	
	TITLE SUPERVISION DISTRICT # 3	
	This form is to be filed in compliance with RULE 1104.	
<u></u>	If this is a request for allowable for a newly drilled or deepened	
(Signature) Drilling Clerk well, this form must be accompanied by a tabulation tests taken on the well in accordance with AULE is		
(Title)	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.	