STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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

Revised 10-01-78 Format 06-01-83 Page 1

Form C-104

REQUEST FOR ALLOWABLE AND

PROBATION OFFICE	AUTHORIZATION TO TRA	ISPORT OIL AND NATURAL GASTA CONT.	/.1
Operator Meridian Oil Inc.		V.31. 3	
P. O. Box 4289, Farmington	on, NM 87499		
Recease(s) for filing (Check proper box) Now Woll Recompletion X Change in/Chickettin/Operatorsh.	Charge is Transparier of: OII DESCRIPTION OF THE CONTRACT OF	Other (Please exp(aix) Meridian Oil Inc. is Operato for El Paso Production Compa: Condensate	
If change of ewnership give name E1 is	Paso Natural Gas Com	pany, P. O. Box 4289, Farmington, NM 8	7499
II. DESCRIPTION OF WELL AND L Legge Name Jicarilla 119N	FASE OUGC/40	<u> </u>	Cont. #11
Location		ine and 1190 Feet From The East	, <u>conc.</u> #11
Line of Section 8 Townshi		4W NMPM, Rio Arriba	Caunty
Meridian Oil Inc. Name of Authorized Transporter of Cit Meridian Oil Inc. Name of Authorized Transporter of Casings Northwest Pipeline Co.	or Condensate	P. O. Box 8900, Salt Lake City.	s to be sent)
If well produces oil or liquids, Un give location of tante.	A 8 26N 4	Is gas detudiny connected? when	
If this production is commingled with the NOTE: Complete Parts IV and V or VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of been complied with and that the information grows and complied with and that the information grows and the complications of the complication of the complete of the co	e reverse side if necessary. E of the Oil Conservation Division ha	OIL CONSERVATION DIVISION FEB	27 1987
my knowledge and belief.		TITLE SUPERVISOR I	LE 1104,
(Signature Drillin (Tule) 11-1- (Dete)	g Clerk	well, this form must be accompanied by a tabulation tests taken on the well in accordance with AULE All sections of this form must be filled out complete on new and recompleted wells. Fill out only Sections I. II. III. and VI for complete on the second of the second	111. pietely for allow hanges 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 comeleted wells.