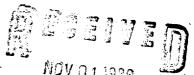
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION	
SAMTA PE	
FILE	
U.1.0.4.	
LANG OFFICE	
TRANSPORTER CIL	
9.40	
OPERATOR	
PROBATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



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

I OPERATOR I I I	RALLOWABLE	
AND NOV 0 1 1938		
Operator Meridian Oil Inc.		
P. O. Box 4289, Farmington, NM 87499		
	Meridian Oil Inc. is Operator for El Paso Production Company	
If change of ownership give name El Paso Natural Gas Compa and address of previous owner El Paso Natural Gas Compa	iny, P. O. Box 4289, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE		
Canyon Largo Unit 247 Ballard Pictu	ormation. Ired Cliffs State, Federal or Fee SF 078878 State No.	
Location H 1450 North	820 East	
Unit Letter;Feet From TheLin	e and Feet From The	
27 25N Line of Section Township Pange	7W Rio Arriba NMPM, County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	C18	
Name of Authorized Transporter of Cit or Congeneate	Aggrees (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499	
Mero Pasto Watural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. U. Box 4289, Farmington, NM 87499	
If well produces oil or liquids. Unit 27 25N Room of division of dates.	Is gas actually connected?	
If this production is commingled with that from any other lease or pool,	give commingling order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION 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.	By Buil Chang	
	SUPERVISION DISTRICT # 3	
	This form is to be filed in compliance with gulg 1104.	
the state of the s	If this is a request for allowable for a newly drilled or deepensor	
(Signature) Drilling Clerk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.	
(Tule) 11-1-86	All sections of this form must be filled out completely for silowable 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.	

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.