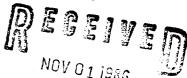
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIGUTION			
SANTA PE			
PILE			
U.S.G.S.			
LAMO OFFICE			
TRANSPORTER	OIL		
	940		
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



REQUEST FOR ALLOWABLE

	PORT OIL AND NATURAL GAS	
Operator Meridian Oil Inc.	0157 3	
P. O. Box 4289, Farmington, NM 87499		
Reason(s) for filing (Check proper bos)	Other (Please explain)	
New Wet1 Change is Transporter of:	Meridian Oil Inc. is Operator	
Recognistion OII D	for El Paso Production Company	
	andensete	
If change of ownership give name El Paso Natural Gas Compa	my P O Roy 4280 Farmington VM 97400	
and eddress of previous owner LI Faso Natural das Compa	my, F. O. Box 4209, Farmington, AM 87499	
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, including F	ormation Kind of Lease Lease No.	
	red Cliffs Ext. State (Federal) or Fee SF 078876	
Location		
=	e andFeet From The	
Unit Letter;Feet From TheLin	e and Feet From The	
30 - 25N	7W Rio Arriba	
Line of Section Township 2311 Range	, NMPM, RIO ATTIDA County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	. GAS	
Name of Authorized Transporter of Cit or Condensate	Agaress (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghedd Gas at Bry Gas A		
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499	
If well produces all or liquids. C 30 25N 7W	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.		
on consensual or country vice	OIL CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPLIANCE	NOV 01 1986	
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED 1900	
been complied with and that the information given is true and complete to the best of		
my knowledge and belief.	BY	
	TITLE SUPERVISION DISTRICT # 3	
,	TITLE SUPERVISION DISTRICT # 3	
	This form is to be filed in compliance with AULE 1104.	
If this is a request for allowable for a newly drill		
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.	
Drilling Clerk	All sections of this form must be filled out completely for allow-	
(Title) 11-1-86	able on new and recompleted wells.	
	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.	
(Date)	Separate Forms C-104 must be filed for each pool in multiply	
	completed wells.	