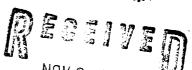
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTE	_	ī	
SANTA PE		1	
FILE			
U.S.G.A.			
LANG OFFICE			
TRANSPORTER	OIL		
	949		
OPERATOR			
PROBATION OFFICE			

OL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



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

Form C-104 Revised 10-01-78

Format 06-01 83

OPERATOR PRORATION OFFICE	AUTHORIZATION	EQUEST FO	ANIO		NO NO IRALGAS	V 0 1 19	86	
Meridian Oil Inc.			Size Divi					
Address SIT THE.		···	 		K	<u>. 3</u>		
P. O. Box 4289, Farmingt	on, NM 87499							
Reason(s) for filing (Check proper box)			Other (Picase explain)					
New Well Recognition	Change in Transper		Meridian Oil Inc. is Operator					
X Change INCOMMONIMOperatorsh		7	Condensese for El Paso Production Company					
If change of ownership give name E1	Paso Natural (Gas Compa	anv. P	O Rox 4	289 Farm	ington	VM 8716	00
T. DESCRIPTION OF WELL AND L	0	16.1		O. BOX 4	200, Tarm	ingcon,	, MM 074)
Canyon Largo Unit	Well No. Pool Nam			d Cliffs	Kind of Lease State, Federal	at Fee	SF 0789	87 Legse No.
Location K 1650 Unit Letter :	S Feet From The	outh	1 ne and	.700	Feet From T		est	**
Line of Section 70wnsh	25N	Range	7W	, NMPM	— Ri	o Arri	ba	
	·	· · · · · · · · · · · · · · · · · · ·		, , , , ,				County
III. DESIGNATION OF TRANSPOR	TER OF OIL AND of Condensate			Grue address i	o which approve	d conv of	this torm is to	
Meridian Oil Inc.			1					•
Neme of Authorized Transporter of Casingn El Paso Natural Gas Compar	edd Gas ar Dry	Gas 🛴	Address (Give address (Box 42)	Farming Bunker approve 89, Farmin	ed copy of a	NM 87499) be sens)
If well produces all or liquids,	sec. 7wn	N Roy	Is gas det	ratty connects	d? when			
give location of Idnze.			<u> </u>			17.0.25		Feet 1
this production is commingled with th		·	give comm	ungling order	number			
NOTE: Complete Parts IV and V on	reverse side if ned	essary.						
7. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION					
hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of my knowledge and belief.		APPRO	VED		10V 01	1986	19	
		BY 3.1) d						
			BY				The same of the sa	
			TITLE		SUPERVI	SION D	ISTRICT	#3
	e		177	is form is to	be filed in co	mpliance	with AULE	1104.
(Signature)			If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviation.		the deviation			
Drilling	Clerk		11		veli in accord: this form must			
(Tile) 11-1-8	36		able on	new and rec	completed well	ls.	•	·
(Date)			Fill well nor	loutonly 3 ne or number	ections I, II. , or transporter	III, and '	VI for change	ree of owner, of condition.

completed wells.