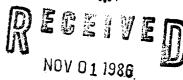
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	\$1040	Γ	
DISTRIBUTION			
SAMTA FE			
PILE			
U.S.G.S.			
LANG OFFICE			
TRANSPORTER	OIL		
	848		
OPERATOR			
PRORATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1



REQUEST FOR ALLOWABLE AND

I. AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS OIL CON. DIV.		
Meridian Oil Inc.	DIST. 3		
P. O. Box 4289, Farmington, NM 87499			
Rosson(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	Meridian Oil Inc. is Operator		
Recompletion Dil D	for El Paso Production Company		
Change in Chine in Operatorship Casinghest Cos Co	ondensete ·		
If change of ownership give name El Paso Natural Gas Compand address of previous owner El Paso Natural Gas Compa	uny, P. O. Box 4289, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE Per Clared			
	Pictured Cliffs State (Foderal) or Fee SF 078987		
Location I 1650 South Unit Letter : Feet From The Lin	990 East ondFeet From The		
Line of Section 34 Township 25N Range	7W Rio Arriba County		
Meridian Oil Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas Rel Paso Natural Gas Company If well produces oil or liquids. I , 34 , 25N , 7W	P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499 Is gas actually connected? When		
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		
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED NOV 01 1986 19		
been complied with and that the information given is true and complete to the best of	1		
my knowledge and belief.	BY - Sunt Shaw		
	TITLE		
,	SUPERVISION DISTRICT # 3		
and the second second	This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or deepened		
(Signature) Drilling Clerk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with Aul 2 111.		
(Tule)	All sections of this form must be filled out completely for silowable on new and recompleted wells.		
11-1-86 (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.		
	Separate Forms C-104 must be filed for each pool in multiply completed wells.		