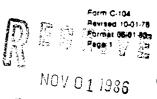
## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LANG OFFICE		
TRANSPORTER OIL		
948		
OPERATOR		
PROBATION OFFICE		

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



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OF AND AND

Cit Cost DIN'

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

ALITHOPIZATION TO TRANS	SPORT OIL AND NATURAL GAS		
1.	SPORT OIL AND NATURAL GAS		
Operator			
Meridian Oil Inc.			
Address			
P. O. Box 4289, Farmington, NM 87499			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter els	Meridian Oil Inc. is Operator		
Recompletion Oil C	for El Paso Production Company		
Change In/Childs 1000 Operatorship Casinghead Ges Co	Condensate		
If change of ownership give name El Paso Natural Gas Compand address of previous owner El Paso Natural Gas Compand	any, P. O. Box 4289, Farmington NM 87499		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name   Well No.   Pool Name, including F	Formation Kind at Lease Lease No.		
McConnell 4 Ballard Pictu	ared Cliffs State (Federal) or Fee NM 09840		
Location	09010		
Unit Letter K : 1800 Feet From The South List	ne and 1800 Feet From The West		
	Poor Float The		
Line of Section 24 Township 26N Range	9W NMPM, San Juan County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	L GAS		
Name of Authorized Transporter of Cit and or Condensate	Agazess (Give address to which approved copy of this form is to be sent)		
eridian Oil Inc. P. O. Box 4289, Farmington, NM 87499			
Name of Authorized Transporter of Casinghedd Gas ar Dry Gas ix	P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499		
If well produces ou or liquids. Unit , Sec. Twp. Rgs.	Is das detudity connected? When		
give location of tanks. K 24 26N 9W	The state of the s		
If this production is commingled with that from any other lease or pool,	zive comminguing order number:		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
VI. CERTIFICATE OF COMPHIANCE	NOV 0.1 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.	7 1 0		
my knowledge and benef.	BY		
	TITLE SUPERVISION DISTRICT # 3		
(sair book)	This form is to be filled in compliance with MULE 1104.		
(Signature)	If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation		
Drilling Clerk	tests taken on the well in accordance with AULE 111.		
(Tule)	All sections of this form must be filled out completely for silow		
11-1-86	shie 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		