STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	1440	<u> </u>	
DISTRIBUTION			
SANTA PE			
FILE			
U.A.G.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	949		
OPERATOR			
BECCATION OFFICE			

OIL 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 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

IAOTHORIZATION TO TRANS	PORT UIL AND NATURAL GAS	
Meridian Oil Inc.		
P. O. Box 4289, Farmington, NM 87499		
Receson(s) for filing (Check proper box) Now Well Change in Transporter of: Recompletion Change in Transporter of: Dry Gas for El Paso Production Company Change in Change in Condensate		
If change of ownership give name El Paso Natural Gas Compared eddress of previous owner El Paso Natural Gas Compared eddress of previous owner El Paso Natural Gas Compared eddress of previous owner El Paso Natural Gas Compared eddress of previous owner El Paso Natural Gas Compared eddress of previous owner El Paso Natural Gas Compared eddress of previous owners and previous owner El Paso Natural Gas Compared eddress of previous owners and eddress owners and eddress of previous owners and eddress owners a	iny, P. O. Box 4289, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE Location	Yerde State,(Federal)or Fee SF 079050C	
Unit Letter M: 990 Feet From The South Lin	6W NMPM, Rio Arriba County	
Name of Authorized Transporter of Cit or Condensate Meridian Oil Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas Morthwest Pipeline Corp. If well produces oil or liquids. give location of tanks. II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL or Condensate Meridian or Condensate Meridian or City Gas Meridian of Casinghead Gas or Dry Gas Meridian of Casinghead Gas or Dry Gas Meridian of Casinghead Gas or Dry Gas Meridian of Casinghead Gas or City Gas Meridian of Casinghead Gas or City Gas Meridian of Casinghead Gas or Condensate Meridian of Casinghead Gas or	P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) P. O. Box 8900, Salt Lake City, UT 84110 Is gas actually connected?	
If this production is commingled with that from any other lesse or pool, NOTE: Complete Parts IV and V on reverse side if necessary.	give commingling order number:	
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.	OIL CONSERVATION DIVISION NOV -1 1986 BY 3 19 19 19 19 19 19 19 19 19 19 19 19 19	
(Signature) Drilling Clerk (Title) 11-1-86 (Date)	TITLE SUPERVISION DISTRICT # 3 This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable 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. Separate Forms C-104 must be filed for each pool in multiply	