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P. O. BOX 2088

**REQUEST FOR ALLOWABLE
AND**

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

Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87499

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Meridian Oil Inc. is Operator
for El Paso Production Company

If change of ownership give name and address of previous owner El Paso Natural Gas Company, P. C. Box 4289, Farmington, NM 87499

Lessee Name San Juan 28-6 Unit	Well No. 65	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease No. NM 013656
Location Unit Letter <u>G</u> : <u>1750</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>28N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.					P. O. Box 4289, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					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 oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? _____ when _____	
	G	24	28N	6W		

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.

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.

Reggie L. Crab
(Signature)
Drilling Clerk
(Title)
11-1-86
(Date)

MGV - 7 1980

APPROVED _____, 19____

BY [Signature]

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 AULG 111.

All sections of this form must be filled out completely for allow-
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.

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