## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LANG OFFICE	1	$\vdash$
TRANSPORTER OIL		
CAS		
OPERATOR		
PROBATION 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			
Operated	ASPORT UIL AND NATURAL GAS		
Meridian Oil Inc.	<del>-</del>		
P. O. Box 4289, Farmington, NM 87499	<u></u>		
Resear(s) for filing (Check proper box)			
New Wets Change in Transporter of:	Change in Transporter of:  Other (Please explain)  Meridian Oil Inc.: 0		
Recompletion  Oil  Ony Gas  Change in Transporter of:  Meridian Oil Inc. is Operator for El Paso Production Company			
Change in Change	1		
If change of ownership give name El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499			
II. DESCRIPTION OF WELL AND LEASE	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
Lease Name   Well No.   Pool Name, including	Formation   Kind of Lease		
San Juan 28-6 Unit   125   Basin Dakota	age No		
Unit Letter H 1740 Feet From The North	, <u>51 077173</u>		
Unit Letter H : 1/40 Feet From The North C	ine and 1190 Feet From The East		
Line of Section 21 Township 28N Range	6W NMPM, Rio Arriba County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA			
Name of Authorized : ransporter of Cil or Condensate A	Addiess (Give address to which approved copy of this form is to be sent)		
Meridian Oil Inc.			
Name of Authorized Transporter of Casinghead Gas or Dry Gas A Northwest Pipeline Corp.	P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)		
16 well produces oil or liquids. Unit Sec. Twp. Rge. Is gas detudily connected? When			
give location of tange. H 21 28N 6W	( प्रतिकार के किया के		
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			
Nov = 1 1200			
been complied with and that the information given is true and complete to the best of my knowledge and belief.			
ny montage and benefi.	BY Chang		
	TITLE SUPERVISION DISTRICT # 3		
This form is to be filed in compliance with RULE 1104.			
(Signature)  If this is a request for allowable for a newly drilled or deep			
TOTAL THE CITETY WITH AULE 111.			
(Title) All sections of this form must be filled out completely for all able on new and recompleted wells.			
(Date)  Fill out only Sections I. II. III, and VI for changes of owell name or number, or transporter, or other such change of cond			
	Separate Forms C-104 must be filed for each pool in multiply completed wells.		