## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA PE		Ι.	
PILE			
U.S.G.A.			
LANG OFFICE			
TRANSPORTER	OIL		
	9 46		
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

I. AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS	
Operator Meridian Oil Inc.		
Address P. O. Box 4289, Farmington, NM 87499		
Ressen(s) for filing (Check proper box)  New Well Change in Transporter of:  Resemplation OII Dr	Meridian Oil Inc. is Operator for El Paso Production Company Condensete	
If change of ownership give name El Paso Natural Gas Comparant address of previous owner El Paso Natural Gas Comparant	ny, P. O. Box 4289, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE  Lease Name San Juan 28-6 Unit  211 Basin Dakota	State,(Federal) or Fee SF 080505A	
Unit Letter 0 990 Feet From The South Line	e and 1750 Feet From The East	
Line of Section 8 Township 28N Range	6W NMPM, Rio Arriba County	
Name of Authorized Transporter of Casinghedd Gas or Dry Gas (X)  El Paso Natural Gas Company  If well produces oil or liquids.  Give location of tanks.  O 8 28N 6W	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?	
If this production is commingled with that from any other lease or pool, NOTE: Complete Parts IV and V on reverse side if necessary.  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.	APPROVED	
Drilling Clerk  (Tule) 11-1-86  (D) - E F V E D  NOV -1 1986	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 allow able on new and recompleted wells.  Fill out only Sections I, II, 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.	

OIL CON. DIV