## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SANTA PE			
FILE			
V.1.0.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	645		
OPERATOR			
PRORATION 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

	PORT 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 of:	Thereaten off the, is operator		
	for El Paso Production Company		
If change of ownership give name El Paso Natural Gas Compa	ny, P. O. Box 4289, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE    Weil No.   Pool Name, including Fool Name, including Foo	ormation   Kind of Lease   Lease No.		
San Juan 29-7 Unit 47 Blanco Mesa V	- 14 > - 000 00		
Location			
Unit Letter B : 890 Feet From The North Lin	e andFeet From TheEast		
Line of Section 2 Township 29N Range	7W NMPM, Rio Arriba County		
Line of Section Z Township ZON Range	, NMPM, County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS		
Name of Authorized Transporter of Cil or Condensate	Address (Give address to which approved copy of this form is to be sent)		
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas (X)  El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499		
Unit Sec. Twp. Rge.	Is gas actually connected? When		
If well produces oil or liquids, and a second secon	A CONTROL OF THE PROPERTY OF T		
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.			
	OIL CONSERVATION DIVISION		
VI. CERTIFICATE OF COMPLIANCE			
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED, 19		
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY		
	TITLE SUPERVISION DISTRICT # 3		
$\gamma \gamma $	11		
1234 Lask	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened		
(Signature)	well, this form must be accompanied by a tabulation of the deviation		
Drilling Clerk	tests taken on the well in accordance with MULE 111.  All sections of this form must be filled out completely for allow-		
61 1-66 0 10 10 10 10 10 10 10 10 10 10 10 10 1	able 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.		
Non Park	Separate Forms C-104 must be filled for each pool in multiply		
CVL ~ 7190~ 1111	completed wells.		