STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LANG OFFICE			
TRANSPORTER	OIL		
	8.44		
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			
Meridian Oil Inc.			
P. O. Box 4289, Farmington, NM 87499			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
Recompletion OII Dr	Change in Transporter of: Out Out Out Out Out Out Out Ou		
Change IN CANNON NO Operatorship Casingheed Cas Ca	indensete		
If change of ewnership give name El Paso Natural Gas Compa	ny, P. O. Box 4289, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE			
Grambling C Well No. Pool Name, including Formal Blanco Pictur	ced Cliffs Ext. State, Federal or Fee SF 078200A		
G 1500 North Unit Letter : Feet From The Line	1840 East		
14 30N Line of Section Township Range	10W San Juan County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Circ. Meridian Oil Inc. Name of Authorized Transporter of Casinghedd Gas or Cry Gas (Circ.) El Paso Natural Gas Company If well produces oil or liquids. G 14 30N 10W If this production is commingled with that from any other lease or pool. NOTE: Complete Parts IV and V on reverse side if necessary.	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 P. O. Box 4289, Farmington, NM 87499 Is gas actually connected?		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
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		
$\nu \nu \gamma$	This form is to be filed in compliance with RULE 1104.		
(Signature) Drilling Clerk	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 AULE 111.		
(Tule) 11-1-86	All sections of this form must be filled out completely for allowable 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.		
	Separate Forms C-104 must be filed for each pool in multiply completed wells.		