STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			Г
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	946	· .	
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
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	PORT OIL AND NATURAL GAS		
Meridian Oil Inc.			
P. O. Box 4289, Farmington, NM 87499			
	Change in Transporter of: City Gos Meridian Oil Inc. is Operator for El Paso Production Company		
If change of ownership give name El Paso Natural Gas Compa	any, P. O. Box 4289, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE Leese Name Sheets Well No. Pool Name, Including F			
Unit Letter N 990 Feet From The South Lin	7 32 3333 311		
Line of Section 28 Tawnship 31N Range	9W , NMPM, San Juan County		
Meridian Oil Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company If well produces oil or liquids. give location of tanzs. N 28 31N 9W	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?		
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 I hereby certify that the rules and regulations of the Oil Conservation Division have	11		
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY		
Signature) Drilling Clerk	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.		
(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.		