STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| OBTRIBUTION SANTA PE FILE U.S.O.S. LANG OFFICE TRANSPORTER OPERATOR PRODUCTION OFFICE [. | ·: | SANTA FE, NE | ATION DIVISION Parised 10-01-78 Format 06-01-83 Page 1 NOV D 1 1986 AND ISPORT OIL AND NATURAL GAS IST | |
|--|----------------------------|-------------------------|---|-------------|
| Meridian Oil Inc. | | | | |
| P. O. Box 4289, Fa | rmington, NM | 37499 | | |
| Reason(s) for filing (Check prop | er box) | | Other (Please explain) | |
| New Well Recompletion X Change In/Chitistel/IIII/Oper | Oil Oil | | Meridian Oil Inc. is Operator for El Paso Production Company | |
| | | | | |
| and address of previous owner | El Paso Nat | ural Gas Compa | pany, P. O. Box 4289, Farmington, NM 87499 | |
| II. DESCRIPTION OF WELL | | | | |
| Jicarilla D | 9 No. | So. Blanco Pi | formation. Ictured Cliffs Kind of Loose Jic. Cont Stote, Federal or Fee | 4qee No. |
| Location A | 914 | North | 825 East | |
| Unit Letter: | Feet From | TheLi | ne andFeet From The | |
| 32 Line of Section | 251 Township | Rance | 4W Rio Arriba | |
| | | | , NMPM, | Coli |
| IIL DESIGNATION OF TRA | NSPORTER OF O | IL AND NATURAL | | |
| Meridian Oil Inc. | or car | adensate (X) | Andreas (Give address to which approved copy of this form is to be | sen: |
| Paso Natural Gas | Company | ar Dry Gas ሺ | P. O. Box 4289, Farmington, NM 87499 | senc. |
| If well produces oil or liquids, give location of tanks. | A S 32 | 25n ^R 4W | Is gas actually connected? When | 550 |
| If this production is commingle | d with that from any | other lesse or pool, | give commingling order numbers | |
| NOTE: Complete Parts IV a | and V on reverse sid | le if necessary. | | |
| VI. CERTIFICATE OF COMPLIANCE | | | OIL CONSERVATION DIVISION ONE | |
| hereby certify that the rules and rep | | | | |
| peen complied with and that the info my knowledge and belief. | tination fixen is time and | complete to the best of | BY Suit Chang | |
| | | | TITLE SUPERVISION DISTRICT | : # 3 |
| 1. 1 | . 1 | | This form is to be filed in compliance with RULE 1100 | 4. |
| | Signature) | | If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the | des |
| Dr | rilling Clerk | | tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely f | |
| | (Tule) 11-1-86 | | able on new and recompleted wells. | |
| | (Date) | | Fill out only Sections I. II. III, and VI for changes of well name or number, or transporter, or other such change of c | notition |
| | | | Separate Forms C-104 must be filed for each pool in completed wells. | multiply |