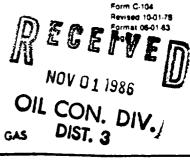
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| DISTRIBUTE | 9W | | |
|-----------------|-----|----------|--------|
| SANTA FE | | | |
| FILE | | | |
| U.S.G.A. | | I | |
| LANG OFFICE | | | |
| TRAMSPORTER | 014 | | |
| | 944 | <u> </u> | |
| OPERATOR | | | |
| PROPERTY OF THE | | | \Box |

OIL CONSERVATION DIVISION SANTA FE. NEW MEXICO 87501



REQUEST FOR ALLOWABLE AND

| PROBATION OFFICE | AUTHORIZATION TO TRANS | PORT OIL AND NATU | JRAL GAS DIST. 3 |
|---|-------------------------------------|------------------------|---|
| Operator Meridian Oil Inc. | | | |
| P. O. Box 4289, Farmin | gton, NM 87499 | | |
| Reason(s) for filing (Check proper box) New Woll Recompletion X Change INCOMMISSIONOPERATOR | Change is Transporter et: | | an Oil Inc. is Operator Paso Production Company |
| | | iny, P. O. Box | 4289, Farmington, NM 87499 |
| I. DESCRIPTION OF WELL AND Lesso Name Lindrith Unit Com | HAIT MAY LOOK Lighted trues amond . | ctured Cliffs | State (Federal) or Fee SF 078910 |
| | Feet From The North | ne and1730 | Feet From The West |
| | mahip 24N Range | 2W , NMPI | m • • • • · |
| III. DESIGNATION OF TRANSP Name of Authorized Transporter of Cit Meridian Oil Inc. Name of Authorized Transporter of Cos El Paso Natural Gas Comp | inghedd Gas ar Dry Gas A | P. O. Box 428 | 1 to which approved copy of this form is to be sent) 19. Farmington. NM 87499 1 to which approved copy of this form is to be sent) 289, Farmington, NM 87499 |
| the state of the liquids. | Unit Sec. Twp. Rgc. | is das detretty connec | |

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.

| Vegge, Doak |
|---------------------------|
| (Signolwe) Drilling Clerk |
| (Tule) 11-1-86 |
| (Pare) |

OIL CONSERVATION DIVISION

| APPROVED | 30V 0 /, 1986 |
|----------|-----------------------|
| BY | June Stand |
| TITLE | 3 TO ISION DISTRICT # |

This form is to be filed in compliance with MULE 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 AULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.