

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF WELLS COVERED	
DISTRICT	
COUNTY	
TOWNSHIP	
RANGE	
SECTION	
WELL NO.	
WELL TYPE	
OPERATOR	
TRANSPORTER	
CONTRACT NO.	
DATE OF FILING	

OIL CONSERVATION DIVISION
P. O. BOX 2092
SANTA FE, NEW MEXICO 87501

Form O-102
Revised 10-21-78
Form 05-01-83
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RECEIVED
NOV 01 1986
OIL CON. DIV.
SET 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
Name: Meridian Oil Inc.
Address: P. O. Box 4289, Farmington, NM 87499

Well(s) to be filed (Check proper box)
 New Well
 Re-commissioned
 Change in Ownership
 Change in Transporter
 Oil
 Gas
 Dry Gas
 Condensate

Other (Please explain):
Meridian Oil Inc. is Operator for El Paso Production Company

If change of ownership give name and address of previous owner: El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Well Name: Alsin
Well No.: 27E
Pool Name, Indicate Formation: Basin Dakota
Kind of Lease: State (Federal) Fee SF 079265

Location:
 Unit Corner: 0 1190
 Feet From The: South Line and 1455 Feet From The East
 Line of Section: 35 Township: 26N Range: 6W N17W, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Meridian Oil Inc.
Name of Authorized Transporter of Condensate: El Paso Natural Gas Company
Name of Authorized Transporter of Gas or Dry Gas: El Paso Natural Gas Company

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

If well produces oil or liquids, give location of tanks: Unit Sec. 35 Twp. 26N R. 6W
Is gas actually compressed? Yes

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 been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]

 (Title)
 Drilling Clerk
 (Date)
 11-1-86
 (No.)

OIL CONSERVATION DIVISION

APPROVED: NOV 01 1986
 BY: *[Signature]*
 TITLE: SUPERVISOR (DISTRICT)

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.
 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 Form O-102 must be filed for each pool in multiply completed wells.