

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| OPERATION OFFICE | | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box) Other (Please explain)

New Well
 Recompletion
 Change in ~~Ownership~~ Operatorship
 Change in Transporter of:
 Oil
 Casingshead Gas
 Dry Gas
 Condensate

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

| | | | | |
|--|----------------|---|---|-----------|
| Lease Name San Juan 27-5 Unit | Well No. 41 | Pool Name, including Formation Blanco Mesa Verde | Kind of Lease State, Federal or (see) Fee | Lease No. |
| Location Unit Letter <u>K</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>27N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|---|--|------------|-------------|------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499 | | | |
| Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 8900, Salt Lake City, UT 84110 | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 21 | Twp. 27N | Rge. 5W |
| Is gas actually connected? <input type="checkbox"/> When _____ | | | | |

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]
(Signature)
Drilling Clerk

(Title)
11-01-86
(Date)
RECEIVED

NOV 01 1986

OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION
NOV 01 1986

APPROVED _____, 19____
BY *[Signature]*
TITLE SUPERVISION DISTRICT # 3

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 Forms C-104 must be filed for each pool in multiply completed wells.