

Form C-104
Revised 10-01-78
Format 06-01-83
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DO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPAGATION OFFICE			

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

L

Operator

Meridian Oil Inc.

P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

New Well

Recompletion

☒ Change in Database Operatorship

Change in Transporter of:

Oil

D Castinghead 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

Lessee Name San Juan 28-6 Unit	Well No. 180	Pool Name, Including Formation Basin Dakota	Kind of Lease (State), Federal or Fee	Lease No. E-290-28
Location Unit Letter <u>B</u> : <u>1180</u> Feet From The <u>North</u> Line and <u>1840</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>27N</u> Range <u>6W</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"/>					Address (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.					P. O. Box 4289, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipeline Corp.					P. O. Box 8900, Salt Lake City, UT 84110	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	2	27N	6W		

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)

Drilling Clerk

(Tulo)

11-1-86

(Date)

OIL CONSERVATION DIVISION

NOV 01 1986

APPROVED _____, 19____

BY James J. [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 allowance 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 filled for each pool in multiply completed wells.

NOV 01 1986
OIL CON. DIV.
DIST. 3