

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |                                                              |
|------------------------|--------------------------------------------------------------|
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| FILE                   |                                                              |
| U.S.G.A.               |                                                              |
| LAND OFFICE            |                                                              |
| TRANSPORTER            | <input type="checkbox"/> OIL<br><input type="checkbox"/> GAS |
| OPERATOR               |                                                              |
| RELATIONS OFFICE       |                                                              |

OIL CONSERVATION DIVISION  
P. O. BOX 2058  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-80  
Formal 08-01-80  
Page 1

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)**

|                                                                                 |                                                     |                                                  |
|---------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> New well                                               | <input type="checkbox"/> Change in Transporter etc: | <input type="checkbox"/> Other (Please explain): |
| <input type="checkbox"/> Recompletion                                           | <input type="checkbox"/> Oil                        | Meridian Oil Inc. is Operator                    |
| <input checked="" type="checkbox"/> Change in <del>Ownership</del> Operatorship | <input type="checkbox"/> Condensate Gas             | for El Paso Production Company                   |
|                                                                                 | <input type="checkbox"/> Dry Gas                    |                                                  |
|                                                                                 | <input type="checkbox"/> Condensate                 |                                                  |

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<br>McManus | Well No.<br>3   | Pool Name, including Formation<br>Ballard Pictured Cliffs | Kind of Lease<br>State (Federal) or Fee | Lease No.<br>NM 04226 |
| Location              |                 |                                                           |                                         |                       |
| Unit Letter<br>J      | 1557            | Feet From The<br>South                                    | Line and<br>1553                        | Feet From The<br>East |
| Line of Section<br>33 | Township<br>26N | Range<br>8W                                               | NMPM,<br>San Juan                       | County                |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

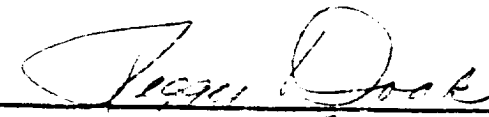
|                                                                                |                                                   |                                                                                                                   |
|--------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil<br>Meridian Oil Inc.                     | or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent):<br>P. O. Box 4289, Farmington, NM 87499 |
| Name of Authorized Transporter of Gasineous Gas<br>El Paso Natural Gas Company | or Dry Gas <input checked="" type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent):<br>P. O. Box 4289, Farmington, NM 87499 |
| If well produces oil or liquids,<br>give location of tanks.                    | Unit<br>J                                         | Sec.<br>33                                                                                                        |
|                                                                                | Twp.<br>26N                                       | Rge.<br>8W                                                                                                        |
|                                                                                | Is gas actually connected? 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)  
Drilling Clerk  
(Title)  
11-1-86  
(Date)

OIL CONSERVATION DIVISION

NOV 03 1985

APPROVED \_\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 11.4.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the production tests taken on the well in accordance with RULE 11.1.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes in owner, well name or number, or transporter or other such change of information.  
Separate Forms C-104 must be filled for each pool or multiple completed wells.