

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
| OPERATOR               | GAS |
| PRODUCTION OFFICE      |     |

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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JUN 11 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.  
DIST. 3

I.

|                                                                                                                            |                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator<br>Meridian Oil Inc.                                                                                              |                                                                                                                                                                                                       |
| Address<br>P. O. Box 4289, Farmington, NM 87499                                                                            |                                                                                                                                                                                                       |
| Reason(s) for filing (Check proper box)                                                                                    | Other (Please explain)                                                                                                                                                                                |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> casinghead Gas<br><input checked="" type="checkbox"/> Dry Gas<br><input checked="" type="checkbox"/> Condensate |
| Meridian Oil Inc. is an Agent for Meridian Oil Production Inc.                                                             |                                                                                                                                                                                                       |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                               |                 |                                                |                                          |                       |
|-------------------------------|-----------------|------------------------------------------------|------------------------------------------|-----------------------|
| Lease Name<br>Burroughs State | Well No.<br>2   | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>(State, Federal or Fee) | Lease<br>E-31489      |
| Location                      |                 |                                                |                                          |                       |
| Unit Letter<br>H              | : 1600          | Feet From The<br>North                         | Line and<br>1000                         | Feet From The<br>East |
| Line of Section<br>36         | Township<br>26N | Range<br>11W                                   | N.M.P.M.                                 | San Juan              |

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 1599, Aztec, New Mexico 87410                                  |
| 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) |
| El Paso Natural Gas Company                                                                                              | P. O. Box 4289, Farmington, NM 87499                                     |
| If well produces oil or liquids, give location of lease.                                                                 | Unit : Sec. : Twp. : Rge. : Is gas actually connected? : when            |
| H : 36 : 26N : 11W                                                                                                       |                                                                          |

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)  
6-1-86  
\_\_\_\_\_  
(Date)

OIL CONSERVATION DIVISION

APPROVED  JUN 11 1986  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_ SUPERVISOR 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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.