

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Form 8906-1-83
Page 3
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DEC 19 1985
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator MERIDIAN OIL INC.	
Address Post Office Box 4289, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Correction of lease number

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Burroughs State	Well No. #2E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	State E-3	Lease No. 148-9
Location Unit Letter <u>J</u> : <u>1460</u> Feet From The <u>South</u> Line and <u>1460</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>T26N</u> Range <u>R11W</u> , NMPM, <u>San Juan</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 36 26N 11W
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.

Alan Alexander
ALAN ALEXANDER (Signature)
District Land Manager
(Title)
December 17, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 19 1985
BY Franklin J. [Signature]
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 deepen well, this form must be accompanied by a tabulation of the deviate 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 multiple completed wells.