STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| DISTRIBUTION | | | |
|------------------|-----|----------|--|
| SANTA PE | | Γ | |
| FILE | | | |
| U.S.O.B. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PROBATION 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

REQUEST FOR ALLOWABLE

| AND PRODUCTION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
|---|------------------------------|--|--|
| I. | | WORT OIL AND NATURAL GAS | |
| Meridian Oil Inc. | | | |
| Address A200 Forming |)D4 67400 | | |
| P. O. Box 4289, Farmington, Reason(s) for filing (Check proper box) | NM 8/499 | I Other (Pt | |
| New Well Change in Transporter of: | | Other (Please explain) Meridian Oil Inc. is Operator | |
| Recompletion | Constant Company | | |
| X Change INCOMMINION Operatorship | Casinghead Gas | Condensate | |
| If change of ownership give name E1 Pasc | Natural Gas Comp | any, P. O. Box 4289, Farmington, NM 87499 | |
| and address of previous owner | , Macarar Gas Comp. | any, 1. 0. box vecs, recomplination, in or too | |
| II. DESCRIPTION OF WELL AND LEAST | I No. Pool Name, including F | Formation Kind of Lease Lease No. | |
| 1 20000 11000 | 02 Undesignated | | |
| Location | | | |
| Unit Letter K : 1455 Fee | et From The South | ne and 1455 Feet From The West | |
| Line of Section 15 Township | 30N Range | 7W NMPM, Rio Arriba county | |
| THE DECICAL ATTOM OF TRANSPORTER | OF OF AND MATTINA | 1.046 | |
| Name of Authorized Transporter of Cil | or Condensate X | Addiese (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 C El Paso Natural Gas Company | Gas Cor Dry Gas (X) | P. O. Box 4289, Farmington, NM 87499 | |
| Unit | Sec. Twp. Rge. | is gas actually connected? When | |
| If well produces oil or liquids, give location of tanks. | 15 30N 7W | भाग विकास क्षेत्र के किया है। जिस्सी का क्षेत्र के किया किया किया किया किया किया किया किया | |
| If this production is commingled with that from | om any other lease or pool, | give commingling order number | |
| NOTE: Complete Parts IV and V on reve | erse side if necessary. | | |
| AT CERTIFICATE OF COMPILANCE | | OIL CONSERVATION DIVISION | |
| VI. CERTIFICATE OF COMPLIANCE | | Mark - 1 mag | |
| 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. | • | BY | |
| , | | TITLE SUPERVISION DISTRICT # 3 | |
| | | This form is to be filed in compliance with RULE 1104. | |
| ingy a rak | | If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation | |
| Drilling Clerk tests | | tests taken on the well in accordance with AULE 111. | |
| (Title) All sections of this form must be filled out comple | | All sections of this form must be filled out completely for allowable on new and recompleted wells. | |
| 11-1-86 | | 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 | |
| (Date) | 関数をして こうしゅう | Separate Forms C-104 must be filed for each pool in multiple | |
| . | • | completed wells. | |