

All distances must be from the outer boundaries of the Section.

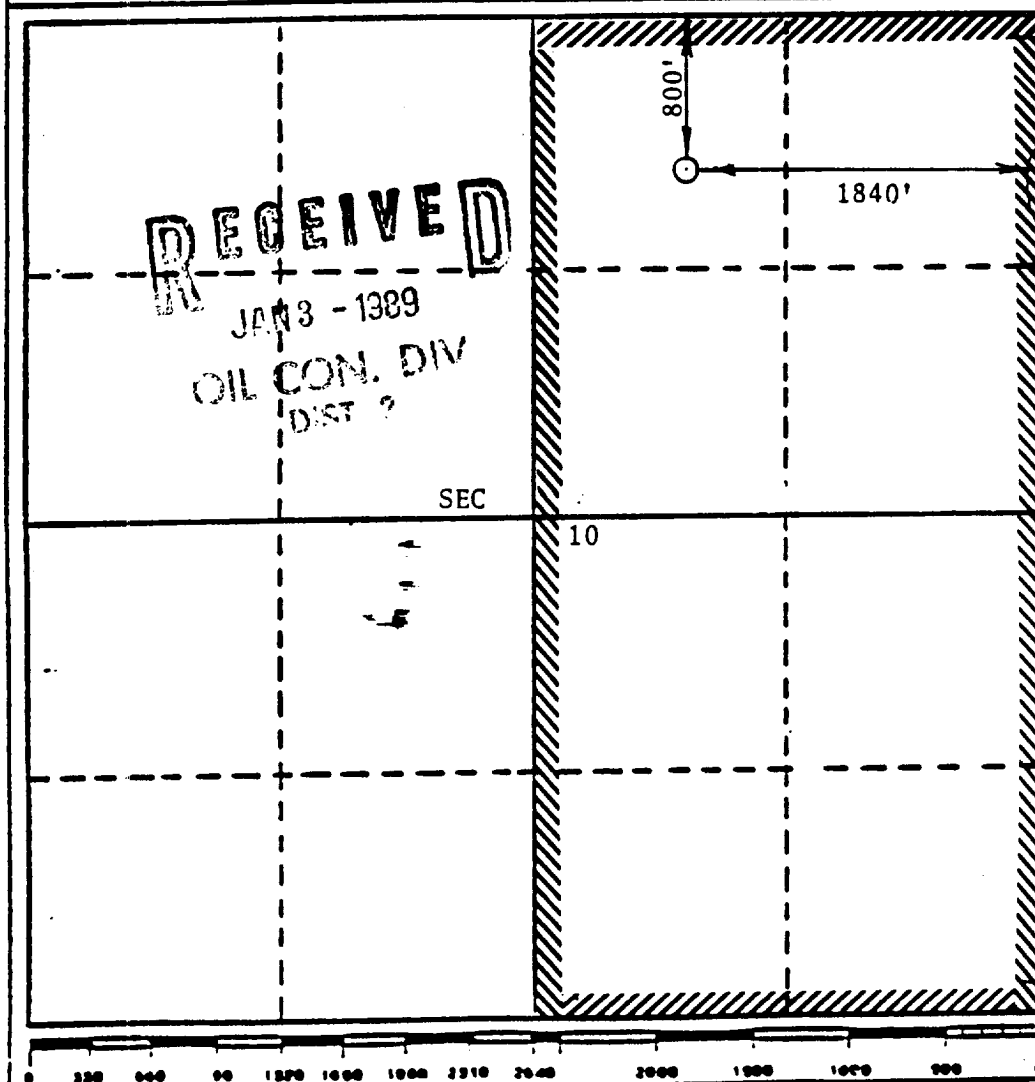
Operator <i>Theridon Oil</i> EL PASO NATURAL GAS CO.		Lease SAN JUAN 30-6 UNIT (SE-080714A)		Well No. 432
Unit Letter B	Section 10	Township 30-N	Range 6-W	County RIO ARriba
Actual Footage Location of Well 800 feet from the NORTH line and 1840 feet from the EAST line				
Ground Level Elev. 6299	Producing Formation Fruitland Coal		Pool Basin	Dedicated Acreage 320 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation unitization

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*[Signature]*  
Name  
Drilling Clerk

Position  
El Paso Natural Gas

Company  
*12-22-88*

Date

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

MARCH 15, 1988

Date Surveyed

ISAAC L. WEAVER

Registered Professional Engineer  
and/or Land Surveyor

Certificate No.

8966

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	GAS
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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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JAN 17 1989

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator El Paso Natural Gas Meridian Oil Inc. **OIL CON. DIV. DIST. 3**

Address PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Pool Name &amp; Dedication Change</u> <u>R-8768</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Juan 30-6 Unit</u>	Well No. <u>432</u>	Pool Name, including Formation <u>Basin Fruitland Coal</u>	Kind of Lease State, (Federal) or Fee	Lease No. <u>SF-080714A</u>
Location				
Unit Letter <u>B</u>	<u>800</u> Feet From The <u>North</u> Line and <u>1840</u> Feet From The <u>East</u>			
Line of Section <u>10</u>	Township <u>30N</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"/> <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4289, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u> <u>NOT</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>10</u> Twp. <u>30N</u> Rge. <u>6W</u>
Is gas actually connected? <u>When</u>	

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]

Regulatory Affairs (Signature)

December 27, 1988 (Date)

(Date)

OIL CONSERVATION DIVISION

JAN 17 1989

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY [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 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.