

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE
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U.S.G.A.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/>
<input type="checkbox"/> GAS
OPERATOR
PRODUCTION OFFICE

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SEP 19 1989

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

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

OIL DIV.
887.3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Meridian Oil Inc.

Address
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Dry Gas	Other (Please explain)
<input type="checkbox"/> Recompletion		<input type="checkbox"/> Casinhood Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership				

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

II. DESCRIPTION OF WELL AND LEASE

Lease name San Juan 30-6 Unit	Well No. Pool Name, including Formation 450 Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. NMO3403
Location Unit Letter <u>K</u> 1530 Feet From The <u>South</u> Line and 1830 Feet From The <u>West</u>			
Line of Section <u>07</u> Township <u>30N</u> Range <u>06W</u> NMPM. <u>Rio Arriba</u>			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

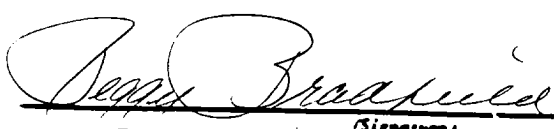
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinhood Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corp/Meridian Oil	3539 E. 30th Farmington/P.O. Box 4289 Farmi
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 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.


Reginald Braasfield
Regulatory Affairs
(Signature)
September 14, 1989
(Date)

OIL CONSERVATION DIVISION
APPROVED SEP 19 1989, 19
BY Original Signed by FRANK T. CHAVEZ
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 deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of o well name or number, or transporter, or other such change of condi
Separate Forms C-104 must be filed for each pool in mul completed wells.