

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| OPERATOR | |
| PRORATION 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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|--|---|
| Operator <u>Meridian Oil Inc.</u> <u>El Paso Natural Gas Company</u> | |
| Address PO Box 4289, Farmington, NM 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 | <input type="checkbox"/> Pool Name & Dedication Change |
| Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casingshead Gas | <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate |

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. 461 | Pool Name, including Formation Basin Fruitland Coal | Kind of Lease State, Federal or Fee | Lease No. NM-012694 |
| Location Unit Letter <u>M</u> : <u>1185</u> Feet From The <u>South</u> Line and <u>1095</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>30N</u> Range <u>7W</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"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Meridian Oil Inc.</u> | <u>PO Box 4289, Farmington, NM 87499</u> |
| Name of Authorized Transporter of Casingshead 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) |
| <u>El Paso Natural Gas Company</u> | <u>PO Box 4289, Farmington, NM 87499</u> |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. <u>M</u> <u>11</u> <u>30N</u> <u>7W</u> |
| 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.

[Signature]
Regulatory Affairs
December 27, 1988
(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 deviated 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.