

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                         |                              |
|-------------------------|------------------------------|
| NO. OF COPIES SUBMITTED |                              |
| DATE                    |                              |
| FILE                    |                              |
| LAND OFFICE             |                              |
| TRANSPORTER             | <input type="checkbox"/> OIL |
| OPERATOR                | <input type="checkbox"/> GAS |
| PRODUCTION OFFICE       |                              |

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                                              |                                                    |
|----------------------------------------------|----------------------------------------------------|
| Owner                                        |                                                    |
| El Paso Natural Gas Company                  |                                                    |
| Address                                      |                                                    |
| P. O. Box 4289, Farmington, NM 87499         |                                                    |
| Reason(s) for filing (Check proper box)      |                                                    |
| <input type="checkbox"/> New Well            | <input type="checkbox"/> Change in Transporter of: |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil                       |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Condensate Gas            |
| <input type="checkbox"/>                     | <input checked="" type="checkbox"/> Dry Gas        |
| <input type="checkbox"/>                     | <input checked="" type="checkbox"/> Condensate     |
| Other (Please explain)                       |                                                    |

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                         |                |
|-----------------|----------|--------------------------------|-------------------------|----------------|
| Lease Name      | Well No. | Pool Name, including Formation | Kind of Lease           | Lease No.      |
| Howell A        | 2        | Blanco Mesa Verde              | State, (Federal) or Fee | SF 078580      |
| Location        |          |                                |                         |                |
| Unit Letter     | N        | 990                            | Feet From The           | South          |
| Line and        | 1650     | Feet From The                  | West                    |                |
| Line of Section | 5        | Township                       | 30N                     | Range          |
|                 |          |                                | 8W                      | NMPL, San Juan |
|                 |          |                                |                         | 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) |      |
| Meridian Oil Inc.                                                                                                        | P. O. Box 1599, Aztec, New Mexico 87410                                  |      |
| Name of Authorized Transporter of Condensate 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) |      |
| El Paso Natural Gas Company                                                                                              | P. O. Box 4289, Farmington, NM 87499                                     |      |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit                                                                     | Sec. |
|                                                                                                                          | N                                                                        | 5    |
|                                                                                                                          | 30N                                                                      | 8W   |
| 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.

*Peggy L. Oak*  
(Signature)  
Drilling Clerk  
(Title)  
5-1-86

RECEIVED

JUN 11 1986

OIL CON. DIV.  
DIST. 3

OIL CONSERVATION DIVISION

APPROVED *Frank J. Davis* JUN 11 1986  
BY  
TITLE SUPERVISOR DISTRICT # 2

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 multiply completed wells.