

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION 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 Meridian Oil Inc.  
Address 3535 E. 30th-Farmington, NM 87401  
Reason(s) for filing (Check proper box)  
☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas  
☐ Recompletion ☐ Casinghead Gas ☒ Condensate  
☐ Change in Ownership  
Other (Please explain) Effective Date: 12/06/88  
Change in name of Operator/and  
Condensate Transporter

If change of operator, give name and address of previous owner TEXACO INC.-P.O. Box EE, Cortez, CO. 81321

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Martin Fed Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease <u>State, Federal or Fee Fed</u>	Lease No. <u>NM 3717A</u>
Location Unit Letter <u>H</u> : <u>2310'</u> Feet From The <u>North</u> Line and <u>990'</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>29N</u> Range <u>11W</u> NMPM, <u>San Juan</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>3535 E. 30th-Farmington, NM 87401</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>EPNG Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990-Farmington, NM 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>13</u>
	Twp. <u>29N</u>	Rge. <u>11W</u>
	Is gas actually connected? <u>Yes</u> when <u>1961</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  
(Title)  
December 22, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 22 1988  
BY   
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.