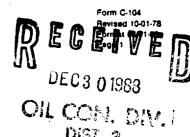
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

PO. 00 (9010 SECTIONS			
DISTRIBUTION		Γ	
SANTA FE		Γ	
FILE			
V.1.0.5.			
LAND OFFICE			
TRANSPORTER	OIL		
,	GAS	•	
OPERATOR			
PROBATION OFFICE			

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



REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc. PO Box 4289, Farmington, NM Resson(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Pool Name & Dedication Change OII Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. | Pool Name, including Formation Lease Name SF-078580 Howell A 300 State, Federal of Fee Basin Fruitland Coal Location 1810 West 1145 North, C Feet From The Line and eet From The Unit Letter San Juan 5 30N 8W NMPM County Range Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) of Condensate X Name of Authorized Transporter of Cli PO Box 4289, Farmington, NM Meridian Oil Inc. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas I X El Paso Natural Gas Company PO Box 4990, Farmington, NM Is gas actually connected? Rge. When Unit Sec. If well produces oil or liquids, 30N; 8W 5 C give location of tanks. If this production is commingled with that from any other lesse 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.

& Straduis	_
Regulatory Affairs	_
December 27, 1988	_

(Date)

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY ERNIE BUSCH

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with MULE 1104.

If this is a request for allowable for a newly drilled or deepens 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 siloable 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 multipl

completed wells.