STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
BANTA FE			
FILE			
V.A.G.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	\mathbf{I}	
OPERATOR			
PROBATION OFFICE			

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

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.			
Operator			
Meridian Oil Inc.			
Address 2525 F 20th Enyminator NM 07401			
3535 E. 30th-Farmington, NM 87401 Receson(s) for filing (Check proper box)	Other (Please explain) Effective Data 10/01/00		
New Well Change in Transporter of:	Other (Please explain) Effective Date: 12/01/88		
	Change in name of Operator		
	Change in name of Operator		
Crembe in Opinion Committee on			
If change of other hip give name C & E Operators Inc	170 One Energy Square, 4925 Greenvill		
and address of previous owner O u u operators inc	Ave., Dallas, Texax 75206		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including Fo	ormation Kind of Lease No.		
Brown 1 Aztec Pictur	red Cliff State, Federal or Fee 50430		
Location			
Unit Letter F : 1390 Feet From The N Line and 1900 Feet From The W			
Unit Cetter			
Line of Section 9 Township 30N Range	11W NMPM, San Juan County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cit. or Condensate Against (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Cil or Condensate	Address (Give dadress to which approved topy of this form is to be stimp		
Con	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔯			
El Paso Natural Gas Co.	P.O. Box 1492, El Paso, Texas 79978		
If well produces oil or liquids,	is das actually commercial		
give location of tanks.	<u> </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.			
	OH CONICEDVATION DIVISION		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED DEG S. 1288 . 19		
been complied with and that the information given is true and complete to the best of	- 1		
my knowledge and belief.	BY		
	TITLE SAPERTER MEDICINATOR # 3		
1 Malling	This form is to be filed in compliance with MULE 1104.		
(Signature)	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		
Regulatory Affairs	tests taken on the well in accordance with AULE 111.		
All sections of this form must be inted out complet			
12-22-88	able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner.		
(Date)	well name or number, or transporter, or other such change of condition.		