

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION 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

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DEC 28 1988
OIL CON. DIV.
DIST. 3

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
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 Casingshead Gas
 Dry Gas
 Condensate
 Other (Please explain) Effective Date: 12/01/88
Change in name of Operator/and
Condensate Transporter

If change of ownership, give name and address of previous owner operator
C & E Operators, Inc. 4849 Greenville Ave Suite 1100, Dallas Texas 75206

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>fee</u>	Well No. <u>9A</u>	Pool Name, including Formation <u>Blanco, MV</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>B</u> : <u>970</u> Feet From The <u>North</u> Line and <u>1820</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>30N</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</u>					
Name of Authorized Transporter of Casingshead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>EPNG Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492-El Paso, Texas 79978</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>A9B</u>	Sec. <u>9</u>	Twp. <u>30N</u>	Rge. <u>11W</u>	Is gas actually connected? <input type="checkbox"/>	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]
(Signature)
Regulatory Affairs
(Title)
12-22-88
(Date)

OIL CONSERVATION DIVISION
DEC 28 1988
APPROVED _____, 19____
BY [Signature]
TITLE SUPERVISOR 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 deviator 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.