

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

| | | |
|------------------------|-----|--|
| NO. OF COPIES RECEIVED | | |
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.O.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

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)

| | | |
|--|--|---|
| <input type="checkbox"/> New Well | Change in Transporter of: | Other (Please explain) <u>Effective Date: 12/01/88</u> <u>Change in name of Operator</u> |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate | |

If change of ownership give name and address of previous owner
operator 170 One Energy Square, 4925 Greenville
and address of previous owner C & E Operators Inc.- Avenue, Dallas Texas 75206

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------|---------------------------|--|---|---------------------------|
| Lease Name <u>Larcher</u> | Well No. <u>4</u> | Pool Name, including Formation <u>Blanco Pictured Cliff</u> | Kind of Lease <u>State, Federal or Fee</u> | Lease No. <u>58667</u> |
| Location | | | | |
| Unit Letter <u>F</u> | <u>1667</u> Feet From The | <u>N</u> Line and | <u>1850</u> Feet From The | <u>W</u> |
| Line of Section <u>7</u> | Township <u>31N</u> | Range <u>10W</u> | <u>NMPM,</u> | San Juan County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead 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) |
| <u>El Paso Natural Gas Co.</u> | <u>P.O. Box 1492, El Paso, Texas 79978</u> |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. 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.


(Signature)
Regulatory Affairs
(Title)
12-22-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
TITLE _____

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 deviatric 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.