STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| DISTRIBUTION | | | |
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| U.S.Q.S. | | | |
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| 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 Page 1

REQUEST FOR ALLOWABLE

| AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. | |
|--|--|
| Meridian Oil Inc. | |
| P. O. Box 4289, Farmington, NM 87499 | |
| Recton(s) for filing (Check proper box) New Well Recton(s) for filing (Check proper box) Change in Transporter of: Other (Picase explain) Meridian Oil Inc. is Operator for El Paso Production Company Change in Change in Casinghood Gas Condensate | y |
| If change of ownership give name El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 874 | 199 |
| II. DESCRIPTION OF WELL AND LEASE Lease Name San Juan 27-4 Unit 92 Tapacito Pictured Cliffs The State (Federa) or Fee SF 0800 Location | Lease No. |
| Unit Letter A 940 Feet From The North Line and 860 Feet From The East | |
| Line of Section 34 Township 27N Range 4W NMPM, Rio Arriba | County |
| Name of Authorized Transporter of Cit or Condensate And Natural Gas Name of Authorized Transporter of Cit or Condensate And Address (Give address to which approved copy of this form is P. O. Box 4289, Farmington, NM 87499 Northwest Pipeline Corp. If well produces oil or liquids, give location of tanks. Name of Authorized Transporter of Casinghead Gas or Dry Gas Andress (Give address to which approved copy of this form is P. O. Box 8900, Salt Lake City, UT 8 If well produces oil or liquids, A 34 27N 4W | to be sent; |
| 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. APPROVED APPROVED Supervision Division NOV 01 1986 TITLE Supervision District # This form is to be filled in compliance with AULE 11 All sections of this form must be accompanied by a tabulation of tests taken on the well in accordance with AULE 11 All sections of this form must be filled out completed wells. Fill out only Sections I, II, III, and VI for changes in the complete of the production of the production of the filled for each production of the production of the filled for each production of the production of the filled for each production of the production of the filled for each production of the production of the filled for each production of the production of the filled for each production of the production of the filled for each produc | E 1104, edfor deepened f the deviation t, etely for allowner, ge of condition |