Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator				J			Wall	API No.		
MERIDIAN OIL INC.							17.04	11 - 12 21 5°	-346	93
Address								0 0 7		
3535 EAST 30TH STREET.	P. O.	BOX 4	289.	FAMRIN	GTON, NM	87499				ļ
Reason(s) for Filing (Check proper box)						et (Please expl	ain)			
New Well		Change in								
Recompletion U										
Change in Operator X Casinghead Gas Condensate X EFFECTIVE 12/01/88										
f change of operator give name and address of previous operator C & E OPERATORS, INC. 4849 GREENVILLE AVE. SUITE 1100, DALLAS, TX 75206										
IL DESCRIPTION OF WELL	AND LEA		In	• • •			70 1			
Lease Name		Well No. Pool Name, Including Formation Kind of Lea							1	ease No.
FEE 8A FARMER FRUITLAND State, Federal or Fee FEE										
C OFO MODIU 14FO MECT										
Unit Letter	: <u> </u>	JU	. Feet F	rom The _N	UKIN Lin	e and <u>145</u>	Fe Fe	et From The .	WEST	Line
Section 8 Township	301	Ł	Range	11W	. Nī	мрм,	SAN JUA	N		County
III. DESIGNATION OF TRAN							<u> </u>			
Name of Authorized Transporter of Oil		or Conden				e address to wi	hich approved	copy of this f	orm is to be se	nt)
MERIDIAN OIL INC.					1	OX 4289				
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas X		e address to w				
EL PASO NATURAL GAS CO					1	OX 990.				,
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actuall		When			
ive location of tanks.	أا			_1						
f this production is commingled with that f V. COMPLETION DATA	from any other	er lease or	pool, gi	ve comming!	ing order numi	ber:				
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth		i	P.B.T.D.		.1
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oil/				Top Oil/Gas	p Oil/Gas Pay Tubing Depth				
					Depth Casing Shoe					
Perforations								Depth Casin	g Snoe	
		סיממוז	CAST	NIC AND	CE) (E) III	IC PECCE	<u> </u>	1		
HOLE SIZE		UBING, SING & TU			CEMENTI	NG RECOR DEPTH SET	ע		SACKS CETT	ENT
HOLE SIZE	UAS	NITU & IL	DING	SILE		DEFIN SEL		SACKS CEMENT		
				<u> </u>				 		
	<u> </u>									
7. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		· · · · · · · · · · · · · · · · · · ·					*** *
OIL WELL (Test must be after re	covery of lo	tal volume	of load	oil and must	be equal to or	exceed top allo	wable for thi	de that b	for full 24 hour	rs.)
Date First New Oil Run To Tank	Date of Tes	ŧ			Producing Me	ethod (Flow, pu	mp, gas lift, e	IC.)		
cough of Test	T.L: 2				Casina Bus-			Choke Sizal	MAR3 01	989 -
Length of Test	Tubing Pres	STITE			Casing Press.	116		CHORE SIZE		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MOF	, Carl	. +
2 10mm arming 4 2000	On - DOIS.								Disi.	3
GAS WELL	l				1			1	10011	
GAS WELL Actual Prod. Test - MCF/D	Length of 1	est			Bbls. Conden	sate/MMCF		Gravity of C	Condensate	
					Julia Comaci			J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
osting Method (pitot, back pr.)	Tubing Pres	saure (Shut	-in)		Casing Press	ire (Shut-in)		Choke Size	n man program	-,
L OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE		:			D. 11. C. 1	
I hereby certify that the rules and regula					(DIL CON	ISERV	ATION	DIVISIO	N
Division have been complied with and t	hat the infon	mation give		e						
is true and complete to the best of my k	nowledge an	a belief.			Date	Approve	d			
1977 Day	3. C.	, * /*			1			MAR	20 1989	
	<u> </u>	(- = f			∥ By_				3	/
Signature PFGGY_BRADFIELD	REGIII	ATORY	AFF	AIRS	-, -		3	marke)	1 Thomas	
Printed Name			Title		Title		RHO	កូលស្គ្រាវៈឯ	M DISTR	ICT#3
3/28/89	505-3	326- <u>97</u>			''''			<u> </u>		
Date		Tele	phone l	No.	11					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	<u> </u>	O IRA	MOP	OHI OIL	- ANU NA	TURAL G				
Operator MCDTDTAN OTL THE								API No.	5-24	1693
MERIDIAN OIL INC.								<u> </u>	7 24	-
3535 FAST 30TH STREET. Resson(s) for Filing (Check proper box)	P. O.	BOX 4	289,	FARMIN	GTON, NM	et (Please expl	ain)			
New Well	•	Change in	Transp	orter of:		er (1 news expe	uusy			
Recompletion Change is Operator X	Oil Casinghead	C	Dry G	ias 📙 mate 🕅	FF!	FECTIVE :	12/01/89	ì		
									LAS TY	75206
f change of operator give name and address of previous operator C & I. DESCRIPTION OF WELL			INC	. 4043	GKECMAIL	LE AVE,	JUIIL I	100, DAI	LAJ, IA	73200
Lease Name FEE			1	-	ing Formation TURED CL	.IFFS		of Lease Federal or Fe		ase No.
Location	050	•			MODTU	1450			WEST	-
Unit LetterC	<u>: 950</u>		. Feet F	rom The	NUKIN Lin	e and	Fe Fe	et From The	MESI	Line
Section 8 Township	30N		Range	. 11W	, N	MPM,	SAN JUA	N		County
II. DESIGNATION OF TRAN				ND NATU						
Name of Authorized Transporter of Oil MERIDIAN OIL INC.		or Condez	me	□X	1	e address to wi				
Name of Authorized Transporter of Casing			or Dry	y Gas X	Address (Giv	e address to w	hich approved	copy of this fo	orm is to be ser	
<u>EL PASO NATURAL GAS CO</u> If well produces oil or liquids,		Sec.	Twp.	Rge.	Is gas actual	OX 990,	FARMING When	-	8/499	
ive location of tanks.	<u>i i</u>		<u> </u>	<u> </u>	L		i			
f this production is commingled with that f V. COMPLETION DATA	rom any othe	r lease or	pool, gi	ive comming!	ing order num	ber:				
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth	L	<u> </u>	P.B.T.D.	l	<u> </u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	vacine Fo	omatica		Top Oil/Gas	Pav		Tubing Dep	<u> </u>	
Perforations					-			Depth Casin	g Shoe	
	T	JBING,	CASI	NG AND	CEMENTI	NG RECOR	D			
HOLE SIZE	CAS	ING & TU	JBING	SIZE		DEPTH SET			SACKS CEME	NT
			····	·						
/. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	Ε	<u> </u>					
OIL WELL (Test must be after re	covery of total	al volume			be equal to or	exceed top allo	owable for thi	s depti er beg	for full 24 hour	3.)
Date First New Oil Run To Tank	Date of Test	i.			Producing M	ethod (Flow, pa	emp, gas lýt, i		igen de jerki	
Length of Test	Tubing Pres	sure			Casing Press	ire		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL	1				ļ					
Actual Prod. Test - MCF/D	Length of T	esi	·· · · · · ·		Bbis. Conder	sate/MMCF		Gravity of C	Condensate	
esting Method (pitot, back pr.)	Tubing Pres	sure (Shut	l-in)		Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMF	PLIA	NCE	<u> </u>				5,1,4010	
I hereby certify that the rules and regula	ntions of the (Dil Conser	vation			OIL CON	ISERV	AHON	DIVISIO	N
Division have been complied with and is true and complete to the best of my is			en abov	ve	Doto	Approve	.d			
A. T. R.	11					Approve	·u	MAR SO	<u> 1999</u>	
Signature	(per	e - et. (By_		<u></u>	\		
PEGGY BRADFIELD Printed Name	REG	JLATOR		<u>FFAIRS</u>			الريدة		Carlos Ca	ii o
3/28/89	505-	-326-9		-	Title		SUND'	THE STATE OF THE	STRICT -	<i>#</i> 3
Date Telephone No.				11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
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Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

Santa Fe, New Mexico 87504-2088

Ī.							TURAL G				
Operator		10 1R/	71105	Unic	IL AND	NA	TURAL		API No.		
MERIDIAN OIL INC.		· ·							36-36	<u> </u>	26/693
3535 FAST 30TH STRFFT. Reason(s) for Filing (Check proper box)	P. 0.	BOX 4	289.	FARM	NGTON.		4 87499 et (Please exp				
New Well		Change in	a Transp	orter of:	ل ا	Oui	er (1 serse erb	war,			
Recompletion Change in Operator	Oil		Dry G	_	•	r r ı	FFATTUF	10/01/0	n		
Change in Operator X I change of operator give name	Casinghea	d Gas	Conde	amie 📝		<u> </u>	FECTIVE	12/01/8	<u> </u>		
and address of previous operator <u>L &</u>			INC	. 4 849	GREEN	VΙ	LE AVE.	SUITE	1100. DAI	LAS, TX	75206
L. DESCRIPTION OF WELL . Lease Name	AND LEA	Nell No.	Pool N	lame Inch	ding Forms	tion		Kind	of Lesse		ease No.
FEE 8A BLANCO MES				•				, Federal or Fee			
Location Unit LetterC	:9 <u>5</u> (0	Feet F	rom The	IORTH	_ Lin	e and14	50 F	eet From The	WEST	Line
Section 8 Township	30	N	Range	1	W	, N	мрм,	SAN			County
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NAT							·
Name of Authorized Transporter of Oil		or Conde	nsate	X					d copy of this fo		
MERIDIAN OIL INC. Name of Authorized Transporter of Casing	head Gas		or Dry	Gas X					NGTON, NA d copy of this fo		
EL PASO NATURAL GAS CO	•								GTON, NM		
if well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.	Rg	e. Is gas a	ctuall	y connected?	When	n ?		
f this production is commingled with that f	imm any oth	er lesse or	pood mis	Ve commis	alina certer	- Burn	her		···		<u> </u>
V. COMPLETION DATA	10111 4117 0117	or rouse of	pou, gr	ve commin	iging order	- Dear				,	
Designate Type of Completion	· (X)	Oil Well		Gas Well	New 1	Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Comp	d. Ready to	Prod.		Total D	epth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil	Gas :	Pay		Tubing Dept	h			
Perforations					Depth Casing Shoe						
		TIRING	CAST	NG AN	O CEME	NTT	NG RECOR	<u> </u>			
HOLE SIZE	1	SING & TI			CEIVIE		DEPTH SET		S	ACKS CEM	ENT
							<u></u> .				
					-			<u> </u>			
. TEST DATA AND REQUES											
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		of load	oil and mi			exceed top all ethod (Flow, p			or full 24 hou	rs.)
SECTION ON ROLL TO TELL	Date of Tes	¥			1100000	-B 111	caica (i ion, p				
ength of Test	Tubing Pres	STIRE			Casing 1	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			_	Water -	Water - Bbls.			Gas- MCF		
GAS WELL						•					
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Co	Bbis. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing	Casing Pressure (Shut-in)			Choke Size	Choke Size		
/I. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and to is true and complete to the best of my k	tions of the	Oil Conser mation giv	vation						ATION [N
)ate	Approve	ed	MAR 9	4 1983 -	
Signature	111.6.1	<u>-Ę</u>			В	By		7		Dund	<u> </u>
PEGGY BRADFIELD Printed Name	RE	GULATO	RY A	FFAIR:	\$	•		Sup.	GRVISION	DISTRI	CT # 3
03/28/89 505-326-9700				ītle			····				

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
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- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTIO		
SANTA PE		
FILE		
U.8.G.8.		
LAND OFFICE		
TRANSPORTER	OIL	
	848	
OPERATOR		
PROBATION OF	HC.E	

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

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

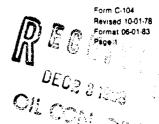
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Ī.	
Operator	
Meridian Oil Inc.	
Address	
3535 E. 30th-Farmington, NM 87401	
Rosson(s) for filing (Check proper box)	Other (Please explain) Effective Date: 12/01/88
X New Well Change in Transporter of:	
Lacombiation 2	Change in name of Operator
Change in Ownership Casinghead Gas Co	ndensate
operator	Two Energy Sqaure-Suitell00-4849
if change of ownership give name C & E Operators, INc	Greenville AveDallas, Texas 75206
II. DESCRIPTION OF WELL AND LEASE	ormation Kind of Lease Lease No.
Lease Name Well No. Pool Name, Including Fo	1/12/60
Fee 8A Fruitland	State, Federal of Fee
Location	
Unit Letter C: 950 Feet From The North Line	and 1450 Feet From The West
	•
Line of Section 8 Township 30N Range	1]W , NMPM, San Juan County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Cil or Condensate	Variable force applicate to minimal obligation
NA	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Communication	
El Paso Natural Gas Company	Box 990-Farmington, NM 87401
If well produces oil or liquids, Unit Sec. Twp. Rgs.	18 das detadity compositor.
give location of tanks.	
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.	
NOTE: Complete Paris IV and V on reverse side by necessary.	II
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
	DEC 23 1988
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	APPROVED
my knowledge and belief.	BY
,	amparance of the set of \$3
	TITLE SUPERVISE AND FO
() Karal I	This form is to be filed in compliance with RULE 1104.
Drakfueld	If this is a request for allowable for a newly drilled or deepens
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
Regulatory Affairs	All sections of this form must be filled out completely for allow
(Title)	able on new and recompleted wells.
12-22-88	Fitt 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.
•	Separate Forms C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** *** ***	11460	
DISTRIBUTIO		
SANTA PE		
FILE		
U.1.0.8.		
LAND OFFICE		
TRANSPORTER		
THERETORIES	G AG	
OPERATOR		
PROBATION OF	KE	

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



REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.			·				
Operator Odd To 5		•					
Meridian Oil Inc.							
3535 E. 30th-Farmin	aton.	NM 87401					
Reason(s) for filing (Check proper box)	90011	MII 07101	Other (Please	Effective Date	12/01/00		
New Well	Change is	n Transporter of:			•		
Recompletion	Oil	Dri		ige in name of Ope			
Change in Ownership	Cast		HOURS OF THE PARTY	lensate Transporte			
operator If change of ownership give name				le Ave. Suite 110	0,		
If change of ownership give name and address of previous owner C & E	Oper	ators, Inc	Dallas. Texa	s 75206			
	. CP		,				
II. DESCRIPTION OF WELL AND LE	Mell No.	Pool Name, including Fo	ormation	Kind of Lease	Lease No.		
Fee	8A	Blanco	- MV	State, Federal or Fee Fee			
Location	<u> </u>	LDIANK					
Unit Letter C : 950	Feet Fro	om The North Line	and 1450	Feet From TheWest_			
	_	30					
Line of Section 3/3 8 Township]] W , NMPM	San Juan	County		
III. DESIGNATION OF TRANSPORT	TER OF	OIL AND NATURAL	GAS	to which approved copy of this form	is to be sent)		
Name of Authorized Transporter of Cil	0. 0	.ondensure 🛅	3535 E. 30th-Farmington, NM 87401				
Meridian Oil Inc. Name of Authorized Transporter of Casinghe	ad Gas (X	or Dry Gas	Address (Give address	to which approved copy of this form	is to be sent)		
!			P.O. Box 149	2-El Paso, Texas	79978		
EPNG Co. Uni	. Sec	. Twp. Rge.	Is gas actually connects				
If well produces oil or liquids, give location of tanks.	8C 8	31N 11W	<u>.</u>				
If this production is commingled with the	at from a	ny other lesse or pool,	give commingling order	r number:			
NOTE: Complete Parts IV and V on	reverse.	side if necessary.					
VI. CERTIFICATE OF COMPLIANCE			OIL C	ONSERVATION DIVISION			
				pro of son	4.0		
I hereby certify that the rules and regulations of been complied with and that the information giv	the Oil C	onservation Division have a nd complete to the best of	APPROVED		, 18		
my knowledge and belief.			BY				
				was a service of the	1. 19		
			TITLE	ម៉ូ ដែលមានជា នោះ បានប្រជាធិបាន ម ា	, j. 42		
I Malher	/ 1			be filed in compliance with m			
(Signature)			well, this form mus	uest for allowable for a newly of the accompanied by a tabulation well in accordance with MULE	on of the deviatic		
Regulatory Affa	irs		All sections of	this form must be filled out co			
12-22-88			able on new and re	completed wells. Sections I, II, III, and VI for			
(Date)			well name or number	r, or transporter, or other such cl	hange of condition		
•			Separate Forms completed wells.	C-104 must be filed for eac	h pool in multiply		