## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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.

| Meridian Oil Inc.    Manage   P. O. Box 4289, Farmington, NM 87499   | 1.  | CON. DIV  |  |
|--|---|---|--|
| P. O. Box 4289, Farmington, NM 87499  Responsible filling (Creet proper base)  New Well  Responsible filling (Creet proper base)  Out  Change in Transporter of Condensess  Well No.   Pool Name, including Formation  III DESCRIPTION OF WELL AND LEASE  Losses flags  Lindrith Unit  133 So. Blanco Pictured Cliffs  Steeley Federal or Fee SF 078913  Lorentian  Unit Letter K 1650 Feet From The South Line and 1650 Feet From The West  Line at Authenties Transporter of Casangeed Cas or Cry Cas (Cree address to which approved copy of this form is to be sent)  Meridian Oil Inc.  P. O. Box 4289, Farmington, NM 87499  If well preduces oil or itended.  If Paso Natural Gas Company  It well preduces oil or itended.  If Paso Natural Gas Company  It well preduces oil or itended.  If I production is commanged with that from any other lesse or pool. give communging order number  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  This form is to be filled is compliance with NULE 110.  Supervision District # 3  This form is to be filled is compliance with Nule 111.  All sections of this form sub to incompanied by a tabulation of the deversion of the Unit in a complete with Nule 111.  All sections of this form sub to filled out completely for allowed the deversion of t |   | DI61. 3   |  |
| Meridian Oil Inc. is Operator for El Paso Production Company  Meridian Oil Inc. is Operator for El Paso Production of the Soll No.  Meridian Oil Inc. is Operator for El Paso Production Oil No.  Meridian Oil Inc. is Operator No.  Meridian  |   |   |  |
| Change wolf-Middle Middle   Cassingheed Gas   Condenses   Condenses   For E1 Paso Production Company   | Ressen(s) for filing (Check proper box)   | Other (Please explain)  |  |
| Change wolf-Middle Middle   Cassingheed Gas   Condenses   Condenses   For E1 Paso Production Company   | Now Well Change in Transporter el:  | Meridian Oil Inc. is Operator   |  |
| If change of ownership give name E1 Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Pool Name, including Formation  Lindrith Unit  Lagranian  Unit Letter K : 1650  Feet From The South Line and 1650  Feet From The West  Line of Section 21 Township 24N Range 3W NMPM, Rio Arriba Country  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorities Transporter of Casinghood Gas or Ory Gas (A)  Rene of Authorities Transporter of Casinghood Gas or Ory Gas (A)  E1 Paso Natural Gas Company  If well produces oil or liquids, give location is commingied with that from any other lease or pool, give comminging order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  Interview of the Complete Parts IV and V on reverse side if necessary.  If this production is commingied with that the information given is true and complete to the best of my knowledge and belief.  Supervision District # 3  The form is to be filled is compliance with must be interved for a serviry diffilled or desegrate well, this form must be accompanied by a tabulation of the deviation of the filled is accordance with must be filled out completely or sillow diffice or a serviry diffilled or desegrate well, this form must be accompanied by a tabulation of the deviation of the filled is accordance with must be filled out completely or sillow of the form suit by the filled out completely for sillow of the form on the well is accordance with must be filled out completely for sillow of the form on the well is accordance with must be filled out completely for sillow of the form on the well is accordance with must be filled out completely for sillow of the form on the well is accordance with must be filled out completely for sillow of the form on the well is accordance with must be filled out completely for sillow of the form on the well is accordance with must be filled out completely for sillow of the form on the well is accordan |   |   |  |
| II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Post Name, inclusing Formation  Lindrith Unit 33 So. Blanco Pictured Cliffs  Stems/Federal or Fee SF 078913  Unit Letter K 1650 Feet From The South Line and 1650 Feet From The West  Line of Sertion 21 Township 24N Range 3W NMPM, Rio Arriba County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Casinghood Cas or Card Cas Access (Give address to which approved copy of this form is to be sent)  Meridian Oil Inc.  Name of Authorized Transporter of Casinghood Cas or City Cas Access (Give address to which approved copy of this form is to be sent)  El Paso Natural Gas Company  If well produces oil or liquids, Unit See. Typ. Rgs. Is gas actually connected?  If well 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 niles and regulations of the Oil Conservation Division have been complised with and that the information given is true and complete to the best of my knowledge and belief.  OIL CONSERVATION DIVISION DISTRICT # 3  This form is to be filled that compliance with mult 2 1102.  If this is a request for allowable for a newly drilled or desegnance with mult 2 1102.  If this form must be accompanied by a isbulation of the deviation tests taken on the well in accordance with mult 2 1102.  (Title)  All sections of this form must be accompanied by a isbulation of the deviation tests taken on the well in accordance with mult 2 1102.  All sections of this form must be accompanied by a isbulation of the deviation tests taken on the well in accordance with mult 2 1102.  All sections of this form must be accompanied by a isbulation of the deviation tests taken on the well in accordance with mult 2 1102.   | X Champo with Michigan Operatorship Commended Com Co                                  | ndensete  |  |
| Line Place Line Name Line Hard Hard Hard Hard Hard Hard Hard Hard  | If change of ewnership give name El Paso Natural Gas Compa                            | ny, P. O. Box 4289, Farmington, NM 87499  |  |
| Line Place Line Name Line Hard Hard Hard Hard Hard Hard Hard Hard  | II. DESCRIPTION OF WELL AND LEASE   |   |  |
| Unit Letter K : 1650   Feet From The   SOUTH   Line and   1650   Feet From The   West    Line of Section   21   Township   24N   Range   3W   NMPM,   Rio Arriba   County    III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Accessed (Give address to which approved copy of this form is to be sent)    Meridian Oil Inc.   P. O. Box 4289, Farmington, NM 87499    If well produces oil or liquide.   Unit   See.   Twp.   Rge.   Rge.   Is gas actually connected?    If well produces oil or liquide.   Unit   See.   Twp.   Rge.   Is gas actually connected?    If this production is commungled with that from any other lesse or poel, give comminging order number    NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE   Oil Conservation Division have been complicate with and that the information given is true and complete to the best of my knowledge and belief.    It has a request for allowable for a newly drilled or descenate well, this form must be accompanied by a tabulation of the devisation of the well is a secondance with RULE 1104.    If this is a request for allowable for a newly drilled or descenate well, this form must be accompanied by a tabulation of the devisation of the well is a secondance with RULE 1104.    If this form must be accompanied by a tabulation of the devisation of the devisation of the well is a secondance with RULE 11104.    If this form must be accompanied by a tabulation of the devisation of the devisation of the well is accordance with RULE 11104.    All sections of this form must be accompanied by a tabulation of the devisation of the devisation of the well is accordance with RULE 11104.    All sections of this form must be accompanied by a tabulation of the devisation of the well is accordance with RULE 11104.    All sections of this form suct be filled out completely for ellowable for a newly drilled out  |   | Streetion Kind of Lease Lease No.   |  |
| Unit Letter K : 1650 Feet From The SOUTH Line and 1650 Feet From The West  Line of Section 21 Township 24N Range 3W NMPM, Rio Affiba County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of City or Condensate Address (Give address to which approved copy of fats form is to be sent)  Merridian 0il Inc.  P. O. Box 4289, Farmington NM 87499  Address (Give address to which approved copy of fats form is to be sent)  El Paso Natural Gas Company  P. O. Box 4289, Farmington, NM 87499  If well producte oil or liquids.  Give leading of 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.  OIL CONSERVATION DIVISION DISTRICT # 5  Title Supervision District # 5  Title Supervision District # 5  Title form is to be filled in accordance with mule 1104.  All sections of this form saues be filled out completely for ellowed tests to tests taken on the well in accordance with mule 11104.  All sections of this form saues be filled out completely for ellowed tests taken on the well in accordance with mule 11104.  All sections of this form saues be filled out completely for ellowed tests taken on the well in accordance with mule 11104.  All sections of this form saues be filled out completely for ellowed tests taken on the well in accordance with mule 11104.  All sections of this form saues be filled out completely for ellowed tests taken and the sections of the form saues be filled out completely for ellowed tests taken and the sections of the form saues be filled out completely for ellowed tests taken and the sections of the form saues be filled out completely for ellowed tests taken and the sections of the form saues be filled out completely for ellowed tests.   |   | tured Cliffs State Fodoral or Foo SF 078913   |  |
| Line of Section 21 Township 24N Plane 3W NMPM, Rio Arriba Country  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of City or Condensate 1 Address (Give address to which approved copy of this form is to be sent)  Meridian 0il Inc.  Name of Authorized Transporter of Cosingness Gas or Ory Gas Address (Give address to which approved copy of this form is to be sent)  Meridian Oil Inc.  P. O. Box 4289, Farmington, NM 87499  P. O. Box 4289, Farmington, NM 87499  If well produces oil or liquids.  (If well 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.  OIL CONSERVATION DIVISION DISTRICT # 3  This form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation filled out completely for allowable for a low of the form must be accompanied by a tabulation of the deviation of the series take on the well in accordance with AULE 111.  All sections of this form must be filled out completely for allowable for a low of the filled out completely for allowable for a low of the filled out completely for allowable for a low of the filled out completely for allowable for a low of the filled out completely for allowable for a low of the filled out completely for allowable for a low of the filled out completely for allowable for a low of the filled out completely for allowable for a low of the filled out completely for allowable for a low of the filled out completely for allowable for a low of the filled out completely for allowable for a low of the filled out completely for allow of the filled out completely for allowable for a low of the fi |   |   |  |
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| Meridian Oil Inc.  Name of Authorized Transporter of City Cas Address to which approved copy of this form is to be sent)  P. O. Box 4289, Farmington, NM 87499  Address Give address to which approved copy of this form is to be sent)  P. O. Box 4289, Farmington, NM 87499  If well produces oil or liquids, Unit , Sec. Twp. Rge. Is questioned of tones.  K 21 24N 3W  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.  Oil CONSERVATION DIVISION DISTRICT # 3  This form is to be filled in compliance with Rule 1104.  If this is a request for allowable for a newly drilled or desponse well, this form must be accompanied by a tabulation of the deviation test taken on the well is accordance with Rule 1104.  All sections of this form must be filled out completely for allowable for al | Line of Section 21  | SW RIO ATTIDA COUNTY  |  |
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| If well produces oil or liquids.    Sec.   Twp.   Rgs.   Is question and items.   Rgs.    | Name of Authorized Transporter of Casinghedd Gas or Dry Gas A                         |   |  |
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| 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   |   | OIL CONSERVATION DIVISION   |  |
| 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   | VI. CERTIFICATE OF COMPLIANCE   | NOV 01 1986   |  |
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| (Signature)  Drilling Clerk  (Tule)  well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-   | ( Venne & Jack)   | This form is to be filed in compliance with RULE 1104.  |  |
| Drilling Clerk  (Tule)  tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-   | Cination 1  |   |  |
| (Tule)  All sections of this form must be filled out completely for allow-   | · - ·   |   |  |
| 1 1 1 OC II SDIS ON NEW CONTROL WATER  | - *************************************   | All sections of this form must be filled out completely for silomable on new and recompleted wells. |  |
| Fill out only Sections I, II, and VI for changes of owner,  (Date)  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.  |   | Fill out only Sections I. II. III. and VI for changes of owner.                                     |  |