STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| V.8.0.4. | | Т | |
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| TRANSPORTER | OIL | | |
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| OPERATOR | | | |
| PROBATION OFFICE | | | |

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

NOV 01 1986

| I. AUTHORIZATION TO TRANSP | PORT OIL AND NATURAL GAS | |
|--|--|--|
| Meridian Oil Inc. | | |
| P. O. Box 4289, Farmington, NM 87499 | | |
| | Change in Transporter of: OH OH OH Dry Gen Meridian Oil Inc. is Operator for El Paso Production Company | |
| If change of ownership give name El Paso Natural Gas Comparand eddress of previous owner El Paso Natural Gas Comparand | ny, P. O. Box 4289, Farmington, NM 87499 | |
| II. DESCRIPTION OF WELL AND LEASE Lease Name Jicarilla F 11 So. Blanco Pic | | |
| Unit Letter;Feet From TheLine | 1750 East | |
| 16 26N Range | 5W Rio Arriba County | |
| Meridian Oil Inc. Name of Authorized Transporter of Cit or Condensate of City or Condensate of City or Condensate of City or Condensate of City of Ci | 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 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499 Is ass actually connected? When | |
| If this production is commingled with that from any other lesse or pool, g NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE | 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 NOV 01 1985 | |
| Signoire) Drilling Clerk (Tule) 11-1-86 | TITLE SUPERVISION DISTRICT # 5 This form is to be filed in compliance with MULZ 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 deviation tests taken on the well in accordance with MULZ 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 filled for each pool in multiply | |