

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
| OPERATOR               | GAS |
| PRORATION 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

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SEP 09 1985

**OIL CON. DIV**  
**DIST. 3**

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
MERIDIAN OIL INC.

Address  
P. O. BOX 4289; FARMINGTON, NEW MEXICO 87499

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Operatorship

Change in Transporter of:  
☐ Oil  
☐ Dry Gas  
☐ Condensate  
☐ Casinghead Gas

Other (Please explain)  
Meridian Oil Inc. is an agent for Meridian Oil Production Inc.

If change of ownership, give name and address of previous owner  
operatorship El Paso Exploration Company whose name changed, as of 4-10-85, to Meridian Oil Production Inc.

II. DESCRIPTION OF WELL AND LEASE

|  |                |   |   |                     |
|--|----------------|---|---|---------------------|
| Lease Name<br>Brookhaven A   | Well No.<br>#2 | Pool Name, including Formation<br>East Bisti-Lower Gallup | Kind of Lease<br>Federal<br>State, Federal or Fee | Lease No.<br>078621 |
| Location<br>Unit Letter <u>0</u> <u>790</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u><br>Line of Section <u>29</u> Township <u>T25N</u> Range <u>R10W</u> , NMPM, <u>San Juan</u> County |                |   |   |                     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


|   |   |            |             |             |
|---|---|------------|-------------|-------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Permian Corporation                 | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1702, Farmington, NM 87499 |            |             |             |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 4289, Farmington, NM 87499 |            |             |             |
| If well produces oil or liquids, give location of tanks.  | Unit<br>J   | Sec.<br>29 | Twp.<br>25N | Rge.<br>10W |
| Is gas actually connected? <input type="checkbox"/> When  |   |            |             |             |

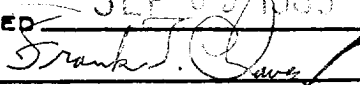
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

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.

  
JAMES R. PERMENTER (Signature)  
ATTORNEY-IN-FACT (Title)  
APRIL 10, 1985 (Date)

OIL CONSERVATION DIVISION  
SEP 09 1985  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
SUPERVISOR DISTRICT # 3

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 deviation 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.