

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Meridian Oil Inc. is Operator
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	for El Paso Production Company
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name McAdams	Well No. 2	Pool Name, including Formation Fulcher Kutz Pictured Cliffs	Kind of Lease State (Federal) or Fee	Lease No. SF 077941
Location				
Unit Letter B	990	Feet From The North	Line and 1650	Feet From The East
Line of Section 28	Township 27N	Range 10W	N.M.P.M.	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

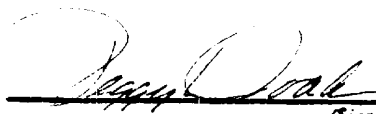
Name of Authorized Transporter of Oil Meridian Oil Inc.	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	or Dry Gas <input checked="" type="checkbox"/>	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, give location of tanks.	Unit B	Sec. 28
	Twp. 27N	Rge. 10W
	Is gas actually connected? 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.


(Signature)
Drilling Clerk
(Title)
11-1-86
(Date)

OIL CONSERVATION DIVISION
NOV 01 1986

APPROVED _____, 19____
BY 
TITLE SUPERVISION DISTRICT # 3

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.

NOV 01 1986

NOV 01 1986
Dist. 3

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