STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| OISTRIBUTION | | | |
| SANTA PE | | | |
| FILE | | | |
| U.S.G.A. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | 948 | | |
| OPERATOR | | | |
| PROBATION 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| I. AUTHORIZATION TO TRANS | PORT OIL AND NATURAL GAS | | |
|--|---|--|--|
| Operator Meridian Oil Inc. | | | |
| P. O. Box 4289, Farmington, NM 87499 | | | |
| Reason(s) for filing (Check proper box) | Other (Please explain) | | |
| New Well Change in Transporter of: | Meridian Oil Inc. is Operator | | |
| | for El Paso Production Company | | |
| Change in Change in Change in Casinghead Gas | ondensate | | |
| If change of ownership give name E1 Paso Natural Gas Compand address of previous owner E1 Paso Natural Gas Compa | any, P. O. Box 4289, Farmington, NM 87499 | | |
| II. DESCRIPTION OF WELL AND LEASE | | | |
| San Juan 30-6 Unit 24A Blanco Mesa V | | | |
| O 1170 South | . 1845 East | | |
| Unit Letter O : 1170 Feet From The South Lin | ne and Feet From The East | | |
| Line of Section 16 Township 30N Range | 6W NMPM, Rio Arriba County | | |
| Meridian Oil Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas (X) Northwest Pipeline Corp. If well produces oil or liquids, Quit Sec. Twp. Rgs. give location of tanks. O 16 30N 6W | P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) P. O. Box 8900, Salt Lake City, UT 84110 Is gas actually connected? When | | |
| If this production is commingled with that from any other lease or pool. NOTE: Complete Parts IV and V on reverse side if necessary. | give comminging order number: | | |
| 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. | | | |
| | TITLE | | |
| Signey bake (Signature) | This form is to be filed in compliance with Rule 1104. If this is a request for allowable for a newly drilled or deepened | | |
| Drilling Clerk | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111. | | |
| (Tule) | All sections of this form must be filled out completely for silowable on new and recompleted wells. | | |
| (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. | | |
| 3 | Separate Forms C-104 must be filed for each pool in multiply completed wells. | | |