

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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. **Operator**
Meridian Oil Inc.

Address
3535 E. 30th-Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) Effective Date: 10/01/88
Change in name of Operator/and
Condensate Transporter

operator
If change of ownership, give name and address of previous owner: Beta Development Co.-238 Petroleum Co.-Farmington, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name James Scott	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fee	Lease No. 1190-0
Location Unit Letter <u>A</u> <u>1050</u> Feet From The <u>North</u> Line and <u>1190</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>30N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EPNG Co.	Address (Give address to which approved copy of this form is to be sent) Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>18</u> Twp. <u>30N</u> Rge. <u>11W</u>	Is gas actually connected? <u>when</u>

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)
Regulatory Affairs
(Title)
December 22, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____
BY _____
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 deviated 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.