

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)  
☐ New Well  
☐ Recompletion  
☐ Change in Ownership

Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas

☐ Dry Gas  
☒ Condensate

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hampton "D"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease <u>Federal and</u> State, Federal or Free	Lease No. <u>1150-01</u>
Location Unit Letter <u>B</u> : <u>1010</u> Feet From The <u>North</u> Line and <u>1760</u> Feet From The <u>East</u>				
Line of Section <u>10</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"/> <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>3535 E. 30th-Farmington, NM 87401</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>EPNG Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990-Farmington, NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>10</u>	Twp. <u>30N</u>	Rge. <u>11W</u>	Is gas actually connected? <input type="checkbox"/>	When <u></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 DEC 22 1988, 19   
BY   
TITLE SUPERVISOR 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 deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells 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 multi-completed wells.