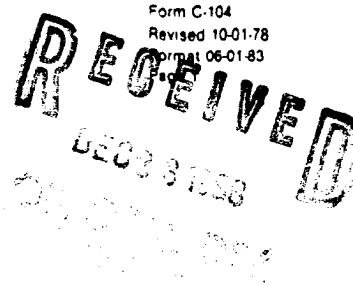


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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 checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Change in name of Operator</u> <u>Effective Date: 12/01/88</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

operator
If change of ownership give name and address of previous owner C & E Operators, Inc. - Greenville Ave. - Dallas, Texas 75206

Two Energy Square-Suite 1100-4849

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Fee</u>	Well No. <u>9V</u>	Pool Name, including Formation <u>Aztec PC</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>Fee</u>
Location				
<u>Unit Letter</u> <u>D</u> : <u>152</u> Feet From The <u>North</u> Line and <u>910</u> Feet From The <u>West</u>				
<u>Line of Section</u> <u>9</u> <u>Township</u> <u>30N</u> <u>Range</u> <u>11 W</u> , <u>NMPM</u> , <u>San Juan</u> <u>County</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>NA</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 990-Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	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.


(Signature)
Regulatory Affairs
(Title)
12-22-88
(Date)

OIL CONSERVATION DIVISION

DEC 23 1988

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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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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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DEC 23 1988

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:	Other (Please explain) Effective Date: 12/01/88 Change in name of Operator/and Condensate Transporter
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate	

If change of operator
and address of previous owner XXXXX 4849 Greenville Ave. Suite 1100,
C & E Operators Inc. - Dallas, Texas 75206

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fee	Well No. 9Y	Pool Name, including Formation Blanco, MV	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>D</u> : <u>152</u> Feet From The <u>North</u> Line and <u>910</u> Feet From The <u>West</u> Line of Section <u>9</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) 3535 E. 30th-Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EPNG Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492-El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Y9D 9 30N 11W
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)
Regulatory Affairs
(Title)
12-22-88
(Date)

OIL CONSERVATION DIVISION
DEC 22 1988

APPROVED _____
BY Bruce J. Cherry
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
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