

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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

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)  
Change in name of Operator  
Effective Date: 12/01/88

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Fee</u>	Well No. <u>7A</u>	Pool Name, including Formation <u>Aztec PC</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>E</u> : <u>1770</u> Feet From The <u>North</u> Line and <u>1180</u> Feet From The <u>West</u> Line of Section <u>7</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 type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>NO</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)

12-22-88

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 21 1988, 19

BY [Signature]

TITLE SECRETARY

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 multiple completed wells.

DEC 21 1988  
OIL CONSERVATION DIVISION  
SANTA FE, NM

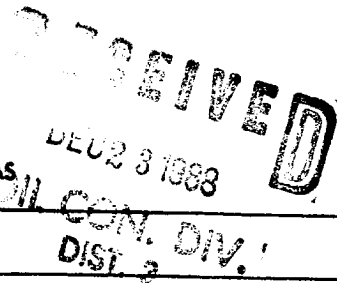
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Meridian Oil Inc.  
Address  
3535 E. 30th-Farmington, NM 87401  
Reason(s) for filing (Check proper box)  
☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas  
☐ Recompletion ☐ Casinghead Gas ☒ Condensate  
☐ Change in Ownership  
Other (Please explain) Effective Date: 12/01/88  
Change in name of Operator/and  
Condensate Transporter  
If change of operator  
and address of previous owner C & E Operators Inc. - 4849 Greenville Ave, Suite 1100,  
Dallas, Texas 75206

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fee	Well No. 7A	Pool Name, including Formation Blanco, MV	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter E : 1770 Feet From The North Line and 1180 Feet From The West Line of Section 7 Township 30N Range 11W, NMPM, San Juan 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-Framington, 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. 1492-El Paso, Texas 79978				
If well produces oil or liquids, give location of tanks.	Unit A7E	Sec. 7	Twp. 30N	Rge. 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

APPROVED DEC 22 1988, 19  
BY   
TITLE SUPERVISOR #3

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