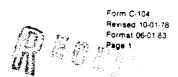
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		1-	_
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

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



REQUEST FOR ALLOWABLE AND

Oi

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS -Meridian Oil Inc. Address 3535 E. 30th-Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain) Effective Date: 12/01/88 New Well Change in Transporter of: Change in name of Operator/and Recompletion 011 Change in Ownership Condensate Transporter Casinghead Gas Condensate If change of ownership give hame Two Energency Square-4849 Greenville Ave. & E Operator Inc.-Suite 1100-Dallas, Texas 75206 and address of previous owner_ II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, including Formation Kind of Lease Legse No. Fee State, Federal or Fee Blanco, MV Fee Location 1850 Feet From The South Line and 955 ____ Feet From The West Line of Section Township 3.0N Range 1 1 W , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be sent) Meridian Oil Inc. 3535 E. 30th-Farmington, NM 8740]
Address (Give address to which approved copy of this form is to be sent) 3535 E. Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company Farmington, NM 87401 Unit Roe. is gas actually connected? Twp. If well produces oil or liquids. give location of tanks. 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.

A Brildnies		
(Signature)		
Regulatory Affairs		
(Title)		
12 22 00		

(Date)

OIL CONSERVATION DIVISION

APPROVED 19

TITLE 5

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

If this is a request for allowable for a newly drilled or deepens: well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 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.