

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2038
SANTA FE, NEW MEXICO 87501

Form O-101
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Meridian Oil Inc.

Address
P.O. BOX 4289, FARMINGTON, NM 87499

Reason(s) for filing (Check proper box)

☐ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Gas
☐ Condensate

Other (Please explain)

POOL NAME & DEDICATION CHANGE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sunray A Com.	Well No. 205	Pool Name, including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal or Private	Lease No. SF-078125
Location				
Unit Letter G	1455	Feet From The North Line and	1585	Feet From The East
Line of Section 20	Township 30N	Range 10W	N.M.P.M. San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

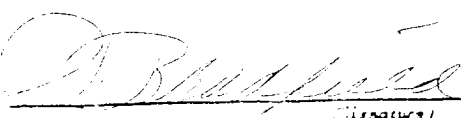
Name of Authorized Transporter of Oil MERIDIAN OIL INC.	or Condensate	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4289, FARMINGTON, NM 87499
Name of Authorized Transporter of Gas El Paso Natural Gas Company	or Dry Gas	Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 10
	Twp. 30N	Rge. 10W

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.



REGULATORY AFFAIRS

(Title)

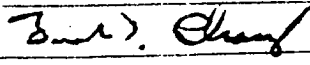
DECEMBER 27, 1988

(Date)

OIL CONSERVATION DIVISION

JAN 03 1988

APPROVED _____, 19 ____

BY 

TITLE **SUPERVISION DISTRICT # 2**

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

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev. tests taken on the well in accordance with NMLZ 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number or transporter or other such change of conditions.

Separate Forms O-101 must be filed for each pool in multi-completed wells.