

DO. NO 10-110 0000000		
DISTRIBUTION		
SANTA FE		
FILE		
V.S.B.J.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
OPERATION OFFICE		

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

L.

If change of ownership give name and address of previous owner El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

Lease Name Turner A	Well No. 1	Pool Name, including Formation Aztec Pictured Cliffs Ext.	Kind of Lease State, Federal or (Fee)	Lease No. Fee
Location				
Unit Letter <u>K</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>34</u> Township <u>31N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> Country				

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.					P. O. Box 4289, Farmington, NM 87499	
Name of Authorized Transporter of Gasineous 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)	
El Paso Natural Gas Company					P. O. Box 4289, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	34	31N	11W		

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.