

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NAME OF OPERATOR	
DISTRIBUTION	
TAXES	
FEE	
DATE	
CITY	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 1033
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-31-78
Format 05-01-43
Page 1

RECEIVED
MAR 26 1986
OIL CONSERVATION DIV.

I. Operator
Meridian Oil Inc.

Address
PO Box 4289, Farmington, NM 87499

Reasons for filing (Check proper box)

☐ New Well	☐ Change in Transporter of:	☐ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☐ Change in Ownership	☐ Casinghead Gas	

Other (Please explain)
Meridian Oil Inc. is an agent for Meridian Oil Production Inc.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chacon Jicarilla D	Well No. Pool Name, including Formation 15 West Lindrith Gallup-Dakota	Kind of Lease State, Federal or Fed. Cont. #412
Location Unit Letter <u>K</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>23N</u> Range <u>3W</u> NADN Rio Arriba		

III. TRANSPORTATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Meridian Oil Trading Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 1599, Aztec, NM 87410
Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>K</u> Sec. <u>9</u> Twp. <u>23N</u> Rge. <u>3W</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.

Reggie Dool
(Signature)
Drilling Clerk
(Title)
April 1, 1986
(Date)

OIL CONSERVATION DIVISION

MAR 26 1986

APPROVED _____
BY Franklin Dool
SUPERVISOR DISTRICT #3
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or de well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able 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 co
Separate Forms C-104 must be filed for each pool in m completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Recovery	Deepen	Plug back	Same as prev. Oil
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to; able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Oil-Bbls.			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MWCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size