

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
CASH	
CASH	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87401

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 26 1986
OIL CON. DIV.
DIST. 3

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

I.

Operator Meridian Oil Inc.		
Address PO Box 4289, Farmington, NM 87499		
Reasons for filing (Check proper box)		Other (Please explain)
☐ New Well	Change in Transporter of:	Meridian Oil Inc. is an agent for Meridian Oil Production Inc.
☐ Recompletion	☐ Oil	
☐ Change in Ownership	☐ Casinghead Gas	
	☐ Dry Gas	
	☒ Condensate	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chacon Jicarilla D	Well No. 13	Pool Name, including Formation West Lindrith Gallup-Dakota	Kind of Lease State, Federal or Fee Jic. Cont. # 41
Location Unit Letter <u>M</u> : <u>790</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>23N</u> Range <u>3W</u> NMPM Sandoval			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

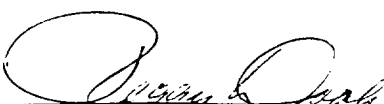
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Meridian Oil Trading Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 1599, Aztec, NM 87410
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to 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.	Unit Sec. Twp. Rge. M 23 23N 3W
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)

Drilling Clerk

(Title)

April 1, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 26 1986
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT 3

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 con

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	Workover	Deepen	Plug back	Same as prev.	Oil
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, 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-dble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MwCF	Gravity of Condensate
Testing Method (pval, back pr.)	Tubing Pressure (Start-1st)	Casing Pressure (Start-1st)	Choke Size