

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION
SANTA FE
LAND OFFICE
TRANSPORTER OIL
OPERATOR
PROMOTION OFFICE

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

RECEIVED
MAR 26 1986
OIL DIV.

Form C-104
Revised 10-01-73
Format 08-01-83

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Meridian Oil Inc.

Address
PO Box 4289, Farmington, NM 87499

Reasons for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Castinhead Gas	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

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. 20	Pool Name, including Formation West Lindrith Gallup-Dakota	Kind of Lease State, Federal, Fee Jic. Cont. #18
Location Unit Letter <u>K</u> : <u>1770</u> Feet From The <u>South</u> Line and <u>1740</u> Feet From The <u>West</u>			
Line of Section <u>27</u> Township <u>23N</u> Range <u>3W</u> NMPM <u>Sandoval</u>			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 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 Castinhead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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 : <u>K</u> Sec. : <u>27</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.

Peggy Doak
(Signature)
Drilling Clerk
(Title)
April 1, 1986
(Date)

OIL CONSERVATION DIVISION
MAR 26 1986
APPROVED _____ 19____
BY Frank J. Quigg
SUPERVISOR DISTRICT #9
TITLE _____

This form is to be filed in compliance with RULE 1106.
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 n
compleated wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug back	Same heavy	Other
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, 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 top able for this section or be for full 24 hours)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Casing Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	

VI. GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Casing Size