Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 8750004-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

I.

Operator	Well API No.
Meridian Oil Inc.	
Address	
P.O. Box 4289, Farmington, New Mexico 87499	

Reason(s) for Filing (Check proper box)

New Well		Change in Transporter of:				Other (Please explain)
Recompletion		Oil		Dry Gas		
Change in Oprator	X	Casinghead Gas		Condensate		**Effective 8/1/92**

If change of operator give name
and address of previous operator Mobil Producing TX & NM Inc., Nine Greenway Plaza, Suite 2700, Houston, Texas 77046

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
W O HUGHES	1	SOUTH BLANCO PICUTRED CLIFFS	State, Federal or Fee	

Location

Unit Letter	I	: 1650	Feet From The	S	Line and	990	Feet From The	E	Line
Section	8	Township	24N	Range	3W	NMPM,	RIO ARRIBA		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form to be sent)
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form to be sent)
EL PASO NATURAL GAS COMPANY	X	P.O. BOX 4990, FARMINGTON, NM 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

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

OIL WELL *(Test must be after recovery of total volume of load oil & must be equal to or exceed top allowable for this depth 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	Choke Size

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Leslie Kahwajy
Signature
Leslie Kahwajy — **Production Analyst**
Printed Name — Title
7/31/92 — **505-326-9700**
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 0 6 1992

By

Title SUPERVISOR DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) **Request for allowable for newly drilled or deepened well must be accompained by tabulation of deviation tests taken in accordance with Rule 111.**
2) **All sections of this form must be filled out for allowable on new and recompleted wells.**
3) **Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.**
4) **Separate Form C-104 must be filed for each pool in multiply completed wells.**