

Oil Conservation Division
Energy, Minerals and Natural Resources Department
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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Form C-104
Revised 1-1-79
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc. Well API No. 14538
Address PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box) ☐ New Well ☐ Recommission ☐ Change in Operator ☐ Change in Transporter of: ☐ Oil ☐ Gas ☐ Condensate ☐ Other (Please explain) Name Change from Canyon Largo Unit #64
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canyon Largo Unit NP Well No. 64 Pool Name, including Formation Basin Ft Coal Kind of Lease State, Federal or Fee Lease No. SF-078874
Location Unit Letter B 1190 Feet From The North Line and 1500 Feet From The East Line
Section 4 Township 24 Range 6 NMPM Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Meridian Oil Inc. Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas Address (Give address to which approved copy of this form is to be sent) _____
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
		X	X					
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	FEET SKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable 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 (pilot, 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 correct to the best of my knowledge and belief.

Signature Ray Bradfield Regulatory Rep.
Printed Name _____ Title _____
Date 02-23-94 Telephone No. 326-9700

OIL CONSERVATION DIVISION

Date Approved MAR 9 1994

By [Signature]
Title SUPERVISOR DISTRICT #3

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

Request for allowable for newly drilled or deepened well must be accompanied by tabulation or deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recommissioned wells.

Fill out only sections I, II, III, and VI for changes of operator, well name or number, transporter or other major changes.