

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Meridian</u> El Paso Natural Gas Company		Well API No.
Address PO Box 4289, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) ☒ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☒	Oil ☐	Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐	Condensate ☐
<u>Pool Change from WC FRT.</u>		
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. 263	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-081325
Location Unit Letter <u>K</u> : <u>1550</u> Feet From The <u>South</u> Line and <u>1670</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>24</u> Range <u>6</u> , <u>NMPM</u> , <u>Rio Arriba</u> 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 Company	Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>35</u>
	Twp. <u>24</u>	Rge. <u>6</u>
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
		<u>X</u>				<u>X</u>		<u>X</u>
Date Spudded 03-08-75	Date Compl. Ready to Prod. 10-06-89		Total Depth 2161'		P.B.T.D. 2020'			
Elevations (DF, RKB, RT, GR, etc.) 6619' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1972'		Tubing Depth 2004'			
Performances 1972-73', 1982-84', 1988-96', 2012-14' w/2 spf					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		134'		177 cu. ft.			
7 7/8" & 6 1/4"	2 7/8"		2161'		268 cu. ft.			
	1 1/4"		2004'					

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 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	RECEIVED NOV 29 1989
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pist. back pr.) backpressure	Tubing Pressure (Shut-in) SI 189	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.

Peggy Bradfield
Signature
Peggy Bradfield Reg. Affairs
Printed Name Title
11-27-89 326-9700
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 11 1989
By Brian J. Shum
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 accompanied 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.

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