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STATE OF NEW MEXICO		
ENERGY MO MINERALS DEPARTMENT		Form C104 Revised 10-01-78
DISTRIBUTION	OU CONSERVA	ATION DIVISION Format 06-01-83
SANTA PE		
PILE		W MEXICO 87501
U.S.Q.A.	SANTA FE, NEV	W MEXICO 87301
LAND OFFICE		MAD.
TRANSPORTER GAS !	REQUEST FO	R ALLOWABLE
OPERATOR		ND OIL CONTROL OF THE PARTY OF
PROMATION OFFICE	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS
I		<u> </u>
Meridian Oil Inc.	•	
Address		
PO Box 4289, Farming	gton, NM 87499	Other (Please expiain)
Reasonis) for Isling (Check proper box)	Change in Transporter of:	Meridian Oil Inc. is an agent
Mem Aoli		for Meridian Oil Production Inc.
Recompletion		in Meridian off froduction inc
Change in Ownership		
If change of ownership give name		
and address of previous owner		
II. DESCRIPTION OF WELL AND L	EASE	
Lease Name	Well No.   Pool Name, Including	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Little Federal 32	2 W.Lindrith Ga	allup Dakota Signe (Federa) or Fee NM 28715
Location		7. To at
Unii Leiier 0 : 790	Feel From TheSouth_Lin	ne and 1650 Feet From The East
		Can Joseph
Line of Section 32 Townsh	nto 24N Range	3W , NMPM, Sandoval Co.
III. DESIGNATION OF TRANSPOR	OF CONGENERS AND NATURAL	I Anniana / Live address to which approved tupy of this form is to be strict
None of Authorized Transporter of CII  Meridian Oil Trading	,	PO Box 1599, Aztec, NM 87410
Name of Authorized Transporter of Casings		Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	Company	PO Box 4289, Farmington, NM 87499
	10-	is gas actually connected? When
If well produces oil or liquids,		
give location of tanks.		
If this production is commingled with the	hat from any other lease or pool,	give commingling order number:
NOTE: Complete Parts IV and V or	n reverse side if necessary.	
		OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANC	<b>E</b>	MAD DIS MODE
	C. L. O'l Companying Division have	APPROVED WIAK O 198019
I hereby certify that the rules and regulations of been complied with and that the information gi	iven is true and complete to the best of	
my knowledge and belief.	•	BY
		SOPERVISOR DISTRICT # 3
		TITLE
$\langle X \rangle \langle X \rangle$		This form is to be filed in compliance with RULE 1104.
Deggy Loak		If this is a request for allowable for a newly drilled or dea-
(Signature	,	well, this form must be accompanied by a tabulation of the devi- tests taken on the well in accordance with RULE 111.
Drilling Clerk		All sections of this form must be filled out completely for a
(Title)		able on new and recompleted wells.
April 1, 1986		Fill out only Sections I. II. III. and VI for changes of o
(Date)		well name or number, or transporter, or other such change of cond

Separate Forms C-104 must be filed for each pool in mucompleted wells.

(Dase)

enting Method (puot, each pr.)	Date of Test  Tubing Pressure  Oil-Bbis.  Length of Test  Tubing Pressure			Producing Med Casing Pressu water - Bbis. Bbis. Candens	nte/MACF		Chaze Size  Gae-MCF  Gravity of Can	denacrie	:	
engin of Teet  enual Prod. Curing Test  AS WELL	Tubing Pressure Oil-Bbis.			Casing Pressu		ump, gas uji	Chose Size		·	
ongin of Teet	Tubing Pressure			Casing Pressu		ump, gas sijt	Chose Size		÷	
engin of Teet	Date of Test					ump, gas iiji			 :	
Date First New Cil Run To Tanks	Date of Test			Producing Mei	inod (Flaw, pi	ump, gas iiji	, etc.j			
3000										
. TEST DATA AND REQUES OIL WELL	T FOR ALLOW	ABLE Te	at must be aft la for this dep	er recovery of th or be for fu	total volume	of load oil e	ind must be equ	al to or excee	d top a	
HOLE SIZE	CASING	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	Т	UBING, C	ASING, AND	CEMENTIN	G RECORD	<del></del>	<u> </u>			
Perforationa				<del></del>	Depin Casini	g Snoe				
	Name of Produ	Name of Producing Formation			Top OU/Gas Pay			Tubing Depin		
Elevations (DF. RKB, RT, GR, etc.					Total Depth			P.a.T.D.		
			-	<del></del>	! 	<u> </u>		•	1	
Date Spudded	Date Compl.	Ready to Pr	!		1	Deepen	Piug Bacz	Same Hesty.	DILL	