

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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CLASS OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2388  
SANTA FE, NEW MEXICO 87501

RECEIVED  
MAR 26 1986  
OIL CON. DIV.  
DIST. 3

Form C-104  
Revised 10-01-73  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator  
Meridian Oil Inc.

Address  
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

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

Other (Please explain)  
Meridian Oil Inc. is an agent for Meridian Oil Production In

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Mobil Federal 34</u>	Well No. <u>1</u>	Pool Name, including Formation <u>West Lindrith Gallup-Dakota</u>	Kind of Lease State, Federal or Fee <u>SF 078915</u>
Location			
Unit Letter <u>M</u>	: <u>790</u> Feet From The <u>South</u>	Line and <u>790</u> Feet From The <u>West</u>	
Line of Section <u>34</u>	Township <u>24N</u>	Range <u>3W</u>	N.M.P.M. <u>Rio Arriba</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"/> <u>Meridian Oil Trading Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 1599, Aztec, NM 87410</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4289, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   when
	<u>M</u>   <u>34</u>   <u>24N</u>   <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.

[Signature]  
Drilling Clerk (Signature)  
April 1, 1986 (Date)

OIL CONSERVATION DIVISION  
APPROVED [Signature] MAR 26 1986  
BY \_\_\_\_\_  
SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1104.  
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 con Separate Forms C-104 must be filed for each pool in m completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)				Oil well	Gas well	New well	Recover	Deepen	Plug back	Same as prev.	Other
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 (Test must be after recovery of total volume of load oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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/10MCF	Gravity of Condensate
Testing Method (shut, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size