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

OIL CONSERVATION DIVISION

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

DISTRICT II

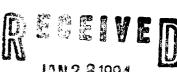
P.O. Box 2088

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 8750004-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATIO TO TRANSPORT OIL AND NATURAL GAS



JAN 2 8 1994 I. Well API No well API No. 30-039-220970 CON. DIV. Operator Meridian Oil Inc. DIST. 3 Address P.O. Box 4289, Farmington, New Mexico 87499 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well 020194 Effective. Oil Dry Gas Recompletion Condensate Change in Operator Casinghead Gas Х If change of operator give name P & P Producing, Inc., P.O. Box 3178, Midland, TX 79702-3178 and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease Lease No. Well No Lease Name Lindrith Gallup Dakota West State, [Federal] or Fee Jic 35 Jicarilla 35 13 Location 800 South 1540 Feet From The West Unit Letter Feet form the Line and Line Rio Arriba County 5W ,NMPM, 36 Township 25N Range Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form to be sent) Name of Authorized Transporter of Oil Х Meridian Oil Inc. P.O. Box 4289, Farmington, NM 87499 X or Dry Gas Address (Give address to which approved copy of this form to be sent) Name of Authorized Transporter of Casinghead Gas P.O. Box 4990, Farmington, NM 87499 **EPNG** Twp Rge. Is gas actually connected? When? If well produces oil or Unit Sec. 5W 36 25N Ν liquids, give location of tanks If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover | Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD **DEPTH SET** SACKS CEMENT HOLE SIZE CASING & TUBING SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WEL (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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Choke Size Length of Test Tubing Pressure Oil - Bbls Water - Bbls Gas - MCF Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have OIL CONSERVATION DIVISION been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved FEB 0 21994 By Signature Bill Brightman Production Assistant Title Title Printed Name 505-326-9752 12/21/93 SUPERVISOR DISTRICT 13

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

Date

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

Telephone No.

- 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.