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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 8750004-2088

OIL CONSERVATION DIVISION
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'94 FEB 28 AM 8 39

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

SJF
1026150
Water POD# ~~1025950~~

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Meridian Oil Inc	3003922125CC

Address: P O. Box 4289, Farmington, New Mexico 87499

Reason(s) for Filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Operator [X]

Change in Transporter of
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [X]

[ ] Other (Please explain)

Effective Date 02 01 94

If change of operator give name and address of previous operator: P & P Production Inc , P O Box 3178, Midland, Texas 79702-3178

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Florance	7A	Blanco Mesaverde	State, Federal or Fee	SF080566

Location
Unit Letter H : 2130 Feet from the North Line and 960 Feet From The East Line
Section 4 Township 25 North Range 3 West NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate		Address (Give address to which approved copy of this form to be sent)
Meridian Oil Inc	~~1025910~~ 1026110 [X]	P O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form to be sent)
EPNG ~~1025150~~	1026130 [X]	P O. Box 4990, Farmington, NM 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	H	4	25N	3W		

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 Resv.	Diff Resv.

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

OIL WELL (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 a 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

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DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 complete to the best of my knowledge and belief.

Shannon McMorris
Signature
Shannon McMorris
Printed Name
12/21/93
Date

Production Assistant
Title
505-326-9526
Telephone No.

OIL CONSERVATION DIVISION

Date Approved: FEB 1 01994

By: Bill Liney

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.