

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc.	Well API No.
Address P.O. Box 4289, Farmington, New Mexico 87499	
Reason(s) for Filing (Check proper box) <span style="float:right">Other (Please explain)</span>	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective 8/1/92

If change of operator give name and address of previous operator Mobil Producing TX & NM Inc., Nine Greenway Plaza, Suite 2700, Houston, Texas 77046

II. DESCRIPTION OF WELL AND LEASE

Lease Name JILLSON FEDERAL	Well No. 4	Pool Name, Including Formation WEST LINDRITH GALLUP DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF-080472
Location Unit Letter E : 1845 Feet From The N Line and 790 Feet From The W Line Section 8 Township 24N Range 3W .NMPM. RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil MERIDIAN OIL INC	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) P.O. BOX 4289, FARMINGTON, NM 87499				
Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS COMPANY	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) 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 ?

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
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 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
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.

Signature  
Leslie Kahwajy  
Printed Name  
7/31/92  
Date

Production Analyst  
Title  
505-326-9700  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
AUG 06 1992

By  
[Signature]  
Title  
SUPERVISOR DISTRICT #3

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
  - All sections of this form must be filled out for allowable on new and recompleted wells.
  - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  - Separate Form C-104 must be filed for each pool in multiply completed wells.