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

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II

OIL CONSERVATION DIVISION
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 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.									
Operator Meridian Oil Inc.	14538) }			Well API No.	226650	ጉስ		
Address P.O. Box 4289, Far	***************************************	***************************************	87400		i	Did Co			
Reason(s) for Filing (Check proper box)	illington, iv	iew Mexico (0/477		Other (Please	ernlain)			
New Well		Change in Tre		<u> </u>	_		00:01/		
Recompletion	Oil	Change in Tra	-	<u> </u>	Effective 1	Date	20384		
] =	Oil		Dry Gas			i			
Change in Operator X	Casinghead	Gas	Condensate	X	739	le gl			
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									
I casa Nama	LL AND I	Pool Name, Includ	4: F4:		17:-1 -61	***************		•••••	
Florance 700	8A	Blanco Mesav	ung romanon zerde ~	2319	Kind of Lease State, Feder	al or Fee	Lease No. SF080565		
Location	1	12 ianeo inesav	1	<u> </u>	Dutto, & cuo	11/01/100	3 51 000505		
Unit Letter E	2036	Feet form the	North	Line and	1000	Feet From The	West Li	ine	
Section 5	Township	25 North	Range	3 West			Rio Arriba C	ounty	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil Meridian Oil Inc.		or Condensate	X	1	ddress (Give address to which approved copy of this form to be sent) O. Box 4289, Farmington, NM 87499				
Name of Authorized Transporter of Casinghe	ad Gas	br Dry Gas	37				of this form to be se	ent)	
EPNG			X			ngton, NM 8		,	
If well produces oil or	l Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When ?	***************************************	
liquids, give location of tanks.	i E	5	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)	i Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Completion - (X)	Ready to Prod.		Total Depth	<u> </u>	.i	P.B.T.D.		***************************************	
	,								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			************************	Top Oil/Gas Pay		Tubing Depth			
Perforations				J		Depth Casing Sh	 10e		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE CASING & TUBING		SING & TUBING	SIZE		DEPTH SET		SACKS CEMENT		
						******		***************************************	
V. TEST DATA AND REQUEST FOR ALLOWABLE									
OIL WEL (Test must be after recovery of Date First New Oil Run To Tank	oftetal valume a	CALLOW F	ADLE			a	EPE		
Date First New Oil Run To Tank	Date of Test	ioaa on & musi b	Producing Met	hod (Flow, pu	imp, gas lift, etc.)	pin or de or mi	Erous)		
			```					EED1 0100/	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		FEB1 01994		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas - MCF		ME CON FILE		
CACWELL	<u></u>	***************************************		*************	***************************************		DIST. ?	·	
GAS WELL Actual Prod. Test - MCF/D	Length of Test	······································	Bbls. Condensa	ate/MMCF		Gravity of Cond	ensate		
Testing Method (pitot, back pr.)  Tubing Pressure		(Shut in) Come Broom		(0)					
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFI	CATE OF	COMPLIA	NCE			****************	***************************************	***************************************	
I hereby certify that the rules and regulations of the Oil Conservation Division have					IL CONS	ERVATIO	N DIVISION	V	
been complied with and that the information given above is true and complete to the best of my knowledge and belief.							- · · ·		
Mannon McMorry				Date Approved FEB 1 0 1994					
Signature	uru)	*****		By				•	
Shannon McMorris		Production A	ecicton+	Ву	ORIGIN	NAL SIGNED E	Y ERNIE BUSCI	<del></del>	
Printed Name	Production Assistant Title			Title DEPUTY OIL & GAS RESERVING OUT #22					
12/21/93	505-326-9526			11110		on which six of .	Later de la Salet, Alexandre		
Date	Telephone No.			1_					

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

- 1) Request for allowable for newly drilled or deepened well must be accompained 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.