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. Drawer DD, Artesia, NM 88210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Well API No. 14537 Meridian Oil Inc Address P.O. Box 4289, Farmington, New Mexico 87499 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: **Effective Date** Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate 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 Pool Name, Including Formation 39129 Kind of Lease Lease No 7031 Florance 8A West Lindrith Gallup/Dakota State Federal or Fee SF080565 Location 2036 Unit Letter Feet form the North Line and 100 West Line Range 3 West ,NMPM, Township 25 North Rio Arriba County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form to be sent) or Condensate \mathbf{X} Meridian Oil Inc. P.O. Box 4289, Farmington, NM 87499 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form to be sent) or Dry Gas X **EPNG** P.O. Box 4990, Farmington, NM 87499 If well produces oil or Twp. Is gas actually connected? liquids, give location of tanks 5 25N 3W If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Workover New Well Plug Back Same Res'v Designate Type of Completion 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 TUBING, CASING AND CEMENTING RECOR DEPTH HOLE SIZE CASING & TUBING SIZE **\$**ACKS CEMENT MAR **01** 1994 V. TEST DATA AND REQUEST FOR ALLOWABLE OIL CON. DIV OIL WEL (Test must be after recovery of total volume of load oil & must be equal to or exceed top allowable for this depth of befor full 24 hours.)

Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Length of Test 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 OIL CONSERVATION DIVISION been complied with and that the information given above is true and complete to the best of my knowledge and belief. MAR - 1 1994 Date Approved Signature Bv ORIGINAL SIGNED BY ERNIE BUSCH **Shannon McMorris Production Assistant** Printed Name Title Title DEPUTY OIL & GAS INSPECTOR, DIST. #3 12/21/93 505-326-9526 Date

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.

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.
 - -104 must be filed for each pool in multiply completed wells.