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

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

DISTRICE II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazas Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Recomplation	1.	T	O TRA	NSP	ORT OIL	. AND NAT	TURAL G	AS				
Records for Tilling (Check proper bos) Record	perator						Well API No.					
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DESCRIPTION OF WELL AND LEASE Leave Nume Cave Nu	If change of operator give name											
Least Name Oso Cannon Gas Com C	and address of previous operator											
Designation Committee State St			· · · · · · · · · · · · · · · · · · ·									
Line												
Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West Line Section 13 Township 261 Reage 2W NMIM, Rio Arriba Conney III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil [XX] or Condensate							incos binte, i			MT 40030		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil XXI or Condensate	,	:165	0	Fect F	rom The No	orth Line	and165	0Fe	et From The	West	line	
Name of Authorized Trinsporter of Oil XX Or Condensate	Section 13 Township	24N		Range	2W	, NI	ирм,	Rio Arri	ba		County	
Name of Authorized Trinsporter of Oil XX Or Condensate	THE EXPOSITS LATERANT AND THE ARM	eno werd			IEN KLASTELI	13 4 \$ 23 4 (2)						
Meridian Oil, Inc. Mone of Authorized Transporter of Casinglead Gis X or Dry Gis Address (Fore address to which approache cupy of this form is to be send) P.O. Box 4289, Farmington, New Mexico 87499 Address (Fore address to which approache cupy of this form is to be send) P.O. Box 4990, Farmington, New Mexico 87499 If well produces off or liquids, Unit Sec. I'vp Reg Reg P.O. Box 4990, Farmington, New Mexico 87499 If well produces of or liquids, Unit Sec. I'vp Reg Reg P.O. Box 4989, Farmington, New Mexico 87499 If well produces of or liquids, Unit Sec. I'vp Reg Reg P.O. Box 4289, Farmington, New Mexico 87499 P.O. Box 4989, Farmington, New Mexico 87499 Address (Fore address to which approache cupy of this form is to be send P.O. Box 4989, Farmington, New Mexico 87499 P.O. Box 4289, Farmington, Person 87499 P.O. Box 4289, Farmington, New Mexico 87499 P.O. Box 4289, Farmington, New Mexico 87499 P.O. Box 4289, Farmington, New Mexico 87499 P.O. Box 4289, Farmington, Person 87499 P.O. Box 4289, Farmington, New Mexico 87499 P.O. Box 4289, Farmington, New Excessor 87499 P.O. Box 4289, Farmington, New Excessor 87499 P.O. Box 4289, Farmington, Person 9749 P.O. Box 4289, Farmington, New Excessor 9749 P.O. Box 4289, Farmington,											entl	
Name of Authorited Transporter of Casinghead Grage E1 Pago Natural Cas Company If well produces oil or inquita, I thin Sec. Twp Reg Is gar actually connected? When? Producing distribute to commingted with that from any other lease or pool, give commingting order number: It this production is commingted with that from any other lease or pool, give commingting order number: IV. COMPLETION DATA Designate Type of Completion - (X) Dit Well Gas Well New Well Workover Deepen Plug Rack Same Resv Ditt Resv Date Spadded Date Compl. Ready to Prod. Date Spadded Date Compl. Ready to Prod. Total Depth Pill. T.D. Total Depth Pill.	•											
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Designate Type of Completion - (X) Oil Well Gar Well New Well Workover Deepen Plug Back Same Resv Dilf Resv Date Spadded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RkB, Rf, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Deep the 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 Great must be after recovery of total volume of load oil and 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 Date of Test Length of Test Tubing Pressure Casing Pressure Choice Size GAS WELL FEB 2 8 1930 Length of Test Lubing Pressure (Shut in) Choice Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Length of the best of my knowledge and belief. VI. OPERATOR CERTIFICATE OF COMPLIANCE Signature Steven S. Dunn Operations Manager Signature Steven S. Dunn Operations Manager Title Superior Supe	C	.				J			/88			
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Signature Steven S. Dunn Operations Manager Printed Name By 3 SUPERVISOR DISTRICT #3	is true and complete to the best of my	knowledge a	nd belief.			Date	Annrov	ed '	LFR 58	1990		
Steven S. Dunn Operations Manager Printed Name Supervisor District 43	10						, ippiov				***************************************	
Steven S. Dunn Operations Manager Printed Name Supervisor District 43	William J.					By Bus Charl						
Printed Name Title Title		One	n. Aration	ne M	anager							
9 - 36 - 90 (505) 327-9801	Printed Name Title					Title SUPERVISOR DISTRICT 43						
Date Telephone No.	2-26-90	(50				'"''						

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.