		· /	,			
		/				
STATE OF NEW MEXICO		/				
ENERGY MO MINERALS CEPARTMENT					Form C-104	
					Revised 10-01-78	
Districution 1	OIL CONSER	VATION	DIVISION		Format 06-01-83 Page 1	
14014 75		BOX 2088	D , , , D , O, ,	RECE	* e	
PILE				RY G U R I	I WE B	
U.1.0.A.	SANTA FE, N	EM WEXI	CO 87501	7 8	V G IM	
SAND OFFICE				MAR 2 6 19	HH	
TRAMSPORTER OIL 1				MAR 2619	asc U	
1048	REGUEST	FOR ALLOW	ARLE	011 0-	~u0	
PROBATION OFFICE		AND		AIT COVI	Da.	
PHOLINE BANKE	AUTHORIZATION TO TRA	NSPORT OIL	. AND NATURAL	OIL CON.	DIV.	
				<u> </u>		
Meridian Oil Inc.	•					
Address					····	
PO Box 4289, Farmin	gton. NM 87499					
Resonts) for ting (Check proper box)			Other (Please ex	orain/		
New Well	Change in Transporter of:	Meridian	Oil Inc. i	s an agent		
Recompletion		Dry Gas		dian Oil Pr		
=	Casinghead Gas	Condensate	101 MC11	aran ori ir	oddecion i	
Change In Ownership				 		
II. DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, including	a formation	į Kir	d of Lease	Le	
Leese Name			į	_		
Jicarilla 119 N	5 Blanco Mesa	verde	154	<u> </u>	Jic.Cont	
Locetion	0.41		0.70	Woo	. 4-	
Unit Letter L : 1850	_ Feet From The South	Line and	030. · F	eet From The Wes	L .	
6	up 26N Range	4W	NMPM R	io Arriba		
time of Section 6 Townsh	AGING AGING			10 /11/150		
m Design amon of Thunshor	TER OF OH AND NATIR	AL GAS				
III. DESIGNATION OF TRANSPOR	or Condensate A	(Agg: 000 (Give address to wi	ICA approves copy of	IAIZ JOIM IS LO DE SI	
Name at Authorized Transporter of Chi	Inc			Aztec, NM		
Meridian Oil Trading		,		IICA approves copy of		
Name of Authorized Transporter of Casing	nead Gas Or Dry Gas	Address (Our oddress to wr	Salt Lake (ity IIT 841	
Northwest Pipeline C	crp.	POB	OX 8900,	Sait Lake C	,1ty,01 041	
Ur	III Sec. Twp. Rge.	is que act	unity connected?	When		
If well produces oil or liquids, que location of lanks.	L 6 26N 4W				· · · · · · · · · · · · · · · · · · ·	
f this production is commingled with the	nat from any other lease or po-	ol, give comm	angling order nur	nber:		
NOTE: Complete Parts IV and V or						
	-		OIL CON	SERVATION QIV	/ISION	
VI. CERTIFICATE OF COMPLIANC	E			MAR	0 0 0	
A seeku carrifu shar sha milas and asset 1	-Caba Oil Consensuion Division ha	VE APPRO	VED		26/1986 <u> </u>	
I hereby certify that the rules and regulations of been complied with and that the information of	iven is true and complete to the best	- 11		5 17		

my knowledge and belief.

(Signature) Drilling Clerk

(Date)

April 1, 1986

(Title)

SUPERVISOR DISTRICT 4 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or des well, this form must be accompanied by a tabulation of the detests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of ϵ well name or number, or transporter, or other such change of con-

Separate Forms C-104 must be filled for each pool in me

AS WELL Actual Prod. Test-MCF/D Setting Method (publ. back pr.)	Length of Test Tubing Pressure (Shut-in		Bbie. Candeni Casing Pressy			Crevity of Cor	Mensete		
	Langua at Tons						Cravity of Concensate		
i c party									
									
Actual Pred, During Test	OII - 8 bis.		water - Abis.			Gas-MCF			
Length of Teet	Tubing Pressure		Casing Pressure			Chose Size			
Date First New Cli Run To Tanks	Date of Test		Producing Method (Flow, pump, gas tifl, stc.)					—	
. TEST DATA AND REQUEST OIL WELL		is must be of le for this des	ter recovery of	tosal volume il 24 hows)	of load oil	and must be squ	ui 10 or exce	• é 10	
						<u> </u>			
			· ———	·		 			
	<u>:</u>		1						
HOLE SIZE	IZE CASING & TUBING SIZE DEPTH SET			SACKS CEMENT					
			CEMENTIN	G RECORD					
						Depth Casin	4 7000		
Perforations			<u> </u>						
Elevelions (DF, RKB, RT, GR, stc.,	Name of Producing Forms	Top OU/Gas Pay			Tubing Depth				
	Date Compl. Ready to Prod.		Total Cepin		P.a.T.D.				
Dene 4 sustant				•	1	1	1 1 2 2 3 3 4 4 4 5 7 7 8 7 8 7 8 7 7	PIT	
Designate Type of Complete	C11 me11	Gas well	New well	#0120ver	Seepen	' Plug Bacs	Same Hearv		
IV COMPLETION DATA									