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

DISTRICT II

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

P.O. Box 2088

at Bottom of Page OIL CONSERVATION DIVISION

	TO TRAM	NSPORT OIL A	ND NATUR	AL GAS				
				Well API No.				
Meridian Oil Inc.								
ddress	Name Marriage	97400						
P.O. Box 4289, F	armington, New Mexico	0/477	[V]	Other (Please ex	plain)			
eason(s) for Filing (Check proper box)	Change in Tr	conconcertor of	X			ROM JICARILL	А Н 2.	
lew Well	Change in Tr			WEDLINAME	CIME (GZZ 11			
Recompletion	Oil	Dry Gas	\exists	EFFECTIVE 8	/1/92			
Change in Oprator X	Casinghead Gas	Condensate	X					
f change of operator give name								
and address of previous operator	Mobil Producing TX	& NM Inc.,	Nine Gr	eenway Pla	za, Suite 2'	700,		
II. DESCRIPTION OF W			Houst	on, Texas 7	7046			
ease Name	Well No. Pool Name, Inclu	Pool Name, Including Formation		Kind of Lease			Lease No. JICARILLA 96	
ICARILLA 96	2 BLANCO M	ESAVERDE		State, Federa	Vor Fee	DICARILLA	96	
Location	: 990 Feet From The	E	Line and	990	Feet From The	<u>N</u> _1	Line	
Unit Letter A Section 2	Township 26N	Range	3 W	,NMPM,	RIO ARRIBA	A	County	
III. DESIGNATION OF		IL AND N	ATURA]	L GAS				
Name of Authorized Transporter of Oil		or Condensate Address (Give ad				of this form to be	sent)	
MERIDIAN OIL INC		X	P.O. BOX 4289, FARMINGTON, NM 87499 Address (Give address to which approved copy of this form to be sent)					
Name of Authorized Transporter of Casing	ghead Gas or Dry Gas	X	Address (Giv	e address to which	h approved copy	of this form to be	sent) R_OQOO	
NORTHWEST PIPELINE COM	IPANY			Is gas actually c		TY, UT 84158 When?	3-0700	
If well produces oil or	Unit Sec.	Twp.	Rge.	is gas actually c	oilliected:	Wilein .		
liquids, give location of tanks.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	l mingling order t	umber:			_ 		
If this production is commingled with that		minging order i	umoer.					
IV. COMPLETION DAT	A Oil Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)	i i		1	 		 		
Date Spudded Date Con	npl. Ready to Prod.	Total Depth			P.B.T.D.			
	Name of Producing Formation	<u> </u>	Top Oil/Ga	s Pav	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top on ou	, , ,				
Perforations					Depth Casing S	hoe		
renorations	TUBING, CASING		AND CEMENTING RECORD		SACKS CEMEN			
HOLE SIZE	CASING & TUBING	G SIZE			SACKS CEME		ACKS CEMEN	
V. TEST DATA AND RI	EQUEST FOR ALLOW	ABLE				II 24 hours		
OIL WEL (Test must be after reco	very of total volume of load oil & must	t he eaual to or e	xceed top alle	owable for this de ump, gas lift, etc.	pth or be jor jui	il 24 hours.)		
Date First New Oil Run To Tank	Date of Test	1 Toddenig Ivi	ulou (r lovi, p		,			
Length of Test	Tubing Pressure	Casing Pressu	ire	Choke Size		- 2 (3 E.)		
		Water Phis	Water - Bbls.		Gas~ MCF		10 11	
Actual Prod. During Test	Oil - Bbls.	Water - Bois.			J	كا ب		
CACWELL						992		
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Conden	sate/MMCF		Gravity of Cor	ndensate		
			(01		Choke Size-		<u>:</u>	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressi	ure (Shut-in)		Choic Size	[설 -		
CONTRACTOR CERT	TEICATE OF COMPLI	ANCE	T					
VI. OPERATOR CERT	IFICATE OF COMITEE	ision have		OIL CONS	ERVATIO	ON DIVISI	ON	
I hereby certify that the rules and rules are complied with and that the int	egulations of the Oil Conservation Divi formation given above is true and comp	plete to the		OIL COM	, <u></u>	-		
best of my knowledge and belief.	1/1		Date Ap	proved	1.4			
FONDIA.	Karwary			F		,		
Signature	/ ///		By		C. J.		<i>.</i> <u></u>	
Signature Leslie Kahwajy	Production	n Analyst			0			
Printed Name	Title		Title				·	
7/31/92	505-326-9							
Date	Telephone	No.						

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) Senarate Form C-104 must be filed for each pool in multiply completed wells.