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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 P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Santa Fe, New Mexico 8750004-2088

<u>l.</u>								
Operator Meridian Oil Inc.				Well API No.			· · · · · · · · · · · · · · · · · · ·	
Address	minoton No.	97400		<u></u>				
Reason(s) for Filing (Check proper box)	mington, New Mexico	8/499		Ti Oslama (Dlana)	11			
<u> </u>	Other (P.							
New Well	Change in Tr	:	WELL NAME CHANGED FROM JICARILLA D 13.					
Recompletion	Oil	Dry Gas		EFFECTIV	E 8/1/92			
Change in Oprator X	Casinghead Gas	Condensate	X					
If change of operator give name								
and address of previous operator	Mobil Producing TX &	& NM Inc.	, Nine Gr	reenway Pl	aza, Suite 2'	700,		
II. DESCRIPTION OF WEI				iston, Texas 77046				
Lease Name	Well No. Pool Name, Include				Lease No.			
JICARILLA 99 Location	13 GAVILAN PI	ICTURED C	LIFFS	State, Feder	ral or Fee	JICARILLA	. 99	
Unit Letter C	: 1650 Feet From The	W	Line and	990	Feet From The	N	Line	
Section 14	Township 26N	Range	3W	,NMPM,	RIO ARRIBA		County	
III. DESIGNATION OF TR	ANSPORTER OF OI	L AND N	ATURAI	L GAS				
Name of Authorized Transporter of Oil	or Condensate		Address (Giv	e address to whi	ich approved copy	of this form to be	sent)	
MERIDIAN OIL INC.		P.O. BOX 4289, FARMINGTON, NM 87499						
Name of Authorized Transporter of Casinghea	1 1	X			ch approved copy		,	
NORTHWEST PIPELINE COMPA	NY		P.O. BOX	58900, SAI	LT LAKE CIT	Y, UT 84158	8-0900	
If well produces oil or	Unit   Sec.	l Twp.	Rge.	Is gas actually	connected?	When?		
liquids, give location of tanks.	<u>l</u>	<u> </u>	<u> </u>	<u> </u>			<del></del>	
If this production is commingled with that from	any other lease or pool, give comm	ungling order n	umber:			<del></del>		
IV. COMPLETION DATA	Oil Well Gas Well	ı New Well	137 - 1		DI. D. I			
Designate Type of Completion - (X)	I Gas well	I New Well	¡ Workover I	ł Deepen I	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. R	eady to Prod.	Total Depth	L	1	P.B.T.D.	<del>1</del>		
					<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas	Pay	Tubing Depth			
Perforations			İ					
1 CHOLATIONS	TUBING, CASING	AND CEM	ENTING	DECODD	Depth Casing Sho	oe		
HOLE SIZE	CASING & TUBING		ENTING	DEPTH SET	<del></del>		ACVE CEMENT	
	o. Di. Carlo Direct			DELTITOET			SACKS CEMENT	
V. TEST DATA AND REQU	JEST FOR ALLOWA	BLE	·					
OIL WEL (Test must be after recovery o			ceed top allow	vable for this de	pth or be for full 2	24 hours.)		
Date First New Oil Run To Tank	Date of Test	Producing Meth	nod (Flow, pur	mp, gas lift, etc.)		FAR	WE	
Length of Test	Tubing Description	<u> </u>		Lat i a:		EPE	I A E	
Longar of Test	Tubing Pressure	Casing Pressure	•	Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		<u> </u>	Gas - MCF	AUGO 6	1992	
							L DIV	
GAS WELL						HL COP	1. DIV	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensa	te/MMCF		Gravity of Conde	nsate DIST.	. 3	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure	(Shut-in)	<u>'</u>	Choke Size			
	Tuonig Prossure (Shat-III)	Casing Pressure	(Situt-III)	;	Choke Size.	and the second second second	•	
VI. OPERATOR CERTIFIC	ATE OF COMPLIAN	NCE			I			
I hereby certify that the rules and regulation			0	II CONSI	FDMATION	N DIVISIO	NT.	
been complied with and that the information given above is true and complete to the			OIL CONSERVATION DIVISION					
best of my nowledge and belief.			Date Approved ALIG 0.6 1000					
Desle Karwa M.			AUG U 6 1992					
Signature	7/1		Ву			Λ		
Leslie Kahwajy	Production A	nalyst	•	8.	12) B	real		
Printed Name	Title		Title	SUP	ERVISOR D	<i></i>		
7/31/92	505-326-9700			- IVIOUN D	STRICT	3		
Date	Telephone No	).						

- 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.