

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 Bottom of Page

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**OIL CONSERVATION DIVISION**

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>Meridian Oil Inc.</b>	Well API No.
Address <b>P.O. Box 4289, Farmington, New Mexico 87499</b>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
<input checked="" type="checkbox"/> Other (Please explain) <b>EFFECTIVE 020193</b>	

If change of operator give name and address of previous operator **UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL, 3300 N. BUTLER, FARMINGTON, NEW MEXICO 87401**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>JOHNSTON A COM G</b>	Well No. <b>17</b>	Pool Name, Including Formation <b>BASIN DAKOTA</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>E-291-35</b>
Location Unit Letter <b>A</b> : <b>800</b> Feet From The <b>N</b> Line and <b>1080</b> Feet From The <b>E</b> Line Section <b>36</b> Township <b>26N</b> Range <b>6W</b> .NMPM, <b>RIO ARRIBA</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <b>MERIDIAN OIL INC.</b>	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) <b>P. O. BOX 4289, FARMINGTON, NM 87499</b>				
Name of Authorized Transporter of Casinghead Gas <b>EL PASO NATURAL GAS COMPANY</b>	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) <b>P. O. BOX 4990, FARMINGTON, NM 87499</b>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	Diff Res
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					Depth 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** (Test must be after recovery of total volume of load oil & 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	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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 been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature <b>Leslie Kahwajy</b>	Production Analyst
Printed Name <b>1/22/93</b>	Title <b>505-326-9700</b>
Date	Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved <b>JAN 29 1993</b>	By <b>Supervisor</b>
	Title <b>SUPERVISOR DISTRICT #3</b>

**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.