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## State of New Mexico Energy, Minerals and Natural Resources Department

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazas Rd., Aztec, NM 87410

DISTRICT II P.O. Diawet DD; Nitesiä, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| l.   | TOTHA                | INSPORT OIL  | AND NATURAL GAS                         |                               |  |  |
|--|----------------------|--|---|-------------------------------|--|--|
| Operator OLL C CAS CORE  | OUATION              |  |   | Well API No.                  |  |  |
| MERRION OIL & GAS CORF   | OKATION              |  |   | 1                             |  |  |
| Address  | TON NEU MEV          | 100 97400  |   |                               | ļ  |  |
| P. O. BOX 840, FARMING   | TON, NEW MEX         | ICO 87499  |   |                               | •·····································   |  |
| Reason(s) for Filing (Check proper box)  New Well  | (7)                  |  | Other (Please explain)                  |                               |  |  |
| Recompletion [ ]   | $\frac{1}{1}$        |  |   |                               |  |  |
| hange in Operator [ ] Casinghead Gas [ ] Condensate [ ]  |                      |  |   |                               |  |  |
| If change of operator give name  | Castificad Gas [ ]   | Contribute ()  |   |                               |  |  |
| and address of previous operator   |                      |  |   |                               |  |  |
| II. DESCRIPTION OF WELL  | AND LEASE            |  |   |                               |  |  |
| Lease Name   |                      | Pool Name, Includi   | ng Formation                            | Kind of Lease                 | Lease No.  |  |
| Jalapeno   | 1                    | Dufers Poi   | int Gallup-Dakota                       | State, Federal or Fee         | LG-1288  |  |
| Location   |                      | ·  |   |                               |  |  |
| Unit LetterC   | . 790                | Feet From The  | North Line and 1650                     | Feet From The                 | West Line  |  |
|  |                      | . 1  | Lanc and                                | Tet Hom the                   |  |  |
| Section 16 Township  | 25N                  | Range 8  | BW , nmpm,                              | San Juan                      | County   |  |
|  |                      |  |   |                               |  |  |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil   | SPORTER OF O         |  |   |                               |  |  |
| 7  | ISAIC []             | Address (Give address to which approved copy of this form is to be sent)   |   |                               |  |  |
| Meridian Oil, Inc. Name of Authorized Transporter of Casing  |                      | P.O. Box 4289, Farmington, New Mexico 87499 Address (Give aduless to which approved copy of this form is to be sent) |   |                               |  |  |
| El Paso Natural GAs Co   | - 1                  | or Dry Gas   | P.O. Box 4990, Fa                       |                               |  |  |
| If well produces oil or liquids,   |                      | Twp. Rge.  | Is gas actually connected?              | When?                         | exico 6/499  |  |
| give location of tanks.  | C   16               | 25N 8W   | Yes                                     | 6/85                          |  |  |
| If this production is commingled with that   |                      | a  |   | 0765                          |  |  |
| IV. COMPLETION DATA  |                      | Lamil Bras assumme   |   |                               |  |  |
|  | Oil Well             | Gas Well   | New Well   Workover                     | Deepen   Plug Back   Sa       | me Res'v Diff Res'v  |  |
| Designate Type of Completion   | - (X)                | . , 525  |   | † Thog Pales                  | 1  |  |
| Date Spudded   | Date Compl. Ready to | o Prod.  | Total Depth                             | 1 1<br>[P.B.T.D.              |  |  |
|  |                      |  |   |                               |  |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation   |                      |  | Tubing Depth                            |                               |  |  |
| <u></u>  |                      |  |   |                               |  |  |
| Perforations   |                      |  |   | Depth Casing S                | hoe  |  |
|  |                      |  |   |                               |  |  |
|  |                      | • •- •- •  | CEMENTING RECORD                        |                               | e new and the second of the se |  |
| HOLE SIZE  | CASING & T           | UBING SIZE   | DEPTH SET                               | SAC                           | CKS CEMENT   |  |
|  |                      |  |   |                               |  |  |
| ***************************************  |                      |  |   |                               |  |  |
|  |                      |  |   |                               |  |  |
| V. TEST DĂTĂ ÂND REQUE:  | d<br>ST FOR ATLOW    | ARLE   |   |                               |  |  |
|  |                      | •  | t be equal to or exceed top allows      | this for this doubt or he for | full 2d hours \  |  |
| Date First New Oil Run To Tank   | Date of Test         | of hade on brack miss  | Producing Method (Flow, pung            |                               | juit 24 nows.j   |  |
|  |                      |  | , | , 8                           |  |  |
| Length of Test   | Tubing Pressure      |  | Casing Pressure                         | Choke Size                    |  |  |
|  |                      |  |   | to R M                        | E FREE CA  |  |
| Actual Prod. During Test   | Oil - Bbls.          |  | Water - Bbls.                           | CA MEL                        |  |  |
|  |                      |  |   | N.                            | IJ   |  |
| GAS WELL FEB 2 8 1990  |                      |  |   |                               |  |  |
| Actual Prod. Test - MCI/D  | Length of Test       |  | Bbls. Condensate/MMCF                   |                               | . =  |  |
|  |                      |  | 15013. CONGCHARLENTING                  |                               | ON". DIV.  |  |
| lesting Method (pitot, back pr.)   | Tubing Pressure (Shi | ut in)   | Casing Pressure (Shut-in)               | Choke SizeD                   | ST 3   |  |
|  |                      | •  |   | ,                             | O1. 6  |  |
| VI OPERATOR CERTIFIC   |                      | DELANCE  |   | ·                             |  |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE   |                      |  | OIL CONSERVATION DIVISION               |                               |  |  |
| I hereby certify that the rules and regulations of the Oil Conservation<br>Division have been complied with and that the information given above |                      |  | OIL CONCENTATION BIVISION               |                               |  |  |
| is true and complete to the best of my knowledge and belief.   |                      |  | Data Approved   FED 9 9 1900            |                               |  |  |
| 1  |                      |  | Date ApprovedFEB 2 8 1990               |                               |  |  |
| Show I have  |                      |  |   | A                             | o change   |  |
| Signature  |                      |  | By 31) d                                |                               |  |  |
| Steven S. Dunn Operations Manager  |                      |  | II                                      |                               |  |  |
| Printed Name Title   |                      |  | TitleS                                  | UPERVISOR DIST                | RICT #3  |  |
| 2/26/90 (505) 327-9801<br>Date Telephone No.   |                      |  |   |                               |  |  |
|  |                      | represente a MJ.   |   |                               |  |  |

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.