

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87500-42088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

1. Operator Meridian Oil Inc.		Well API No.
Address P.O. Box 4289, Farmington, New Mexico 87499		
Person(s) for Filing (Check proper box)		☐ Other (Please explain)
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Operator ☒	Casinghead Gas ☐	Condensate ☐
EFFECTIVE 02-01-93		

If change of operator give name and address of previous operator **UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL, 3300 N BUTLER, SUITE 200, FARMINGTON, NM 87401**

II. DESCRIPTION OF WELL AND LEASE

Lease Name JOHNSTON A	Well No. 8	Pool Name, including Formation SOUTH BLANCO PICTURED CLIFFS	Kind of Lease (State) Federal or Fee	Lease No. E-290-23
Location	Unit Letter B	Feet From The 1180	Line and N	Feet From The 1650
	Section 36	Township 27N	Range 6W	County RIO ARriba

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐	or Condensate ☐	Address (Give address to which approved copy of this form to be sent)
Name of Authorized Transporter of Casinghead Gas ☐	or Dry Gas ☒	Address (Give address to which approved copy of this form to be sent)
EL PASO NATURAL GAS COMPANY		P. O. BOX 4990, FARMINGTON, NM 87499
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When?

If the 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	Stim Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth						
Elevations (DT, RRG, RT, GR, etc)	Name of Producing Formation	Top Oil/Gas Pay						
Perforations		Tubing Depth						
		Depth Casing Shoe						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SBT	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test)	Date First New Oil Run		
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 (pilot, 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 Leslie Kahwajy	Production Analyst
Printed Name Leslie Kahwajy	Title 505-326-9700
Date 2/1/93	Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 02 1993	By [Signature]
Title SUPERVISOR DISTRICT 13	

- 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.