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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
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 Meridian Oil Inc.		Well API No.	
Address P.O. Box 4289, Farmington, New Mexico 87499			
Reason(s) for Filing (Check proper box)		☒ Other (Please explain)	
New Well	☐	Change in Transporter of:	WELL NAME CHANGED FROM JICARILLA E 3.
Recompletion	☐	Oil ☐	Dry Gas ☐
Change in Operator	☒	Casinghead Gas ☐	Condensate ☐
		EFFECTIVE 8/1/92	

If change of operator give name
and address of previous operator Mobil Producing TX & NM Inc., Nine Greenway Plaza, Suite 2700,
Houston, Texas 77046

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA 89	Well No. 3	Pool Name, Including Formation GAVILAN PICTURED CLIFFS	Kind of Lease State, Federal or Fee	Lease No. JICARILLA 89
Location				
Unit Letter M	: 990	Feet From The S	Line and 990	Feet From The W
Section 15	Township 27N	Range 3W	,NMPM,	RIO ARRIBA
County				

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 NORTHWEST PIPELINE COMPANY	or Dry Gas ☒	Address (Give address to which approved copy of this form to be sent) P.O. BOX 58900, SALT LAKE CITY, UT 84158-0900	
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'v	Diff Res'v
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 WEL (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

RECEIVED
AUG 06 1992

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

OIL CON. DIV
DIST. 3

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
Printed Name
7/31/92
Date

Production Analyst
Title
505-326-9700
Telephone No.

OIL CONSERVATION DIVISION
AUG 06 1992

Date Approved

By
SUPERVISOR DISTRICT #3

Title

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.