

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

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

OIL CONSERVATION DIVISION

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

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)		
New Well	☐	Change in Transporter of:
Recompletion	☐	Oil ☐ Dry Gas ☐
Change in Operator	☒	Casinghead Gas ☐ Condensate ☒
		☒ Other (Please explain) WELL NAME CHANGED FROM JICARILLA E 3. 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,

II. DESCRIPTION OF WELL AND LEASE

Houston, Texas 77046

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
JICARILLA 89	3	BLANCO MESA VERDE	State, Federal or Fee	JICARILLA 89
Location				
Unit Letter	M	: 990	Feet From The	S
Section	15	Township	27N	Range
		Line and	990	Feet From The
		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)
MERIDIAN OIL INC.				P.O. BOX 4289, FARMINGTON, NM 87499
Name of Authorized Transporter of Casinghead Gas	☐	or Dry Gas	☒	Address (Give address to which approved copy of this form to be sent)
NORTHWEST PIPELINE COMPANY				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 commingling 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 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.		OIL CONSERVATION DIVISION AUG 0 6 1992	
Signature	Leslie Kahwajy	Date Approved	
Printed Name	7/31/92	By	Supervisor District #3
Date		Title	
	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 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.