

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

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

**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)		<input checked="" type="checkbox"/> Other (Please explain)
New Well	Change in Transporter of:	WELL NAME CHANGED FROM JICARILLA G 9.
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,

**II. DESCRIPTION OF WELL AND LEASE** Houston, Texas 77046

Lease Name JICARILLA 95	Well No. 9	Pool Name, Including Formation GAVILAN PICTURED CLIFFS	Kind of Lease State, Federal or Fee	Lease No. JICARILLA 95
Location				
Unit Letter P	: 990	Feet From The S	Line and 990	Feet From The E
Section 26	Township 27N	Range 3W	NMPM.	RIO ARRIBA
				County

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

Name of Authorized Transporter of Oil MERIDIAN OIL INC	or Condensate	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) P.O. BOX 4289, FARMINGTON, NM 87499			
Name of Authorized Transporter of Casinghead Gas NORTHWEST PIPELINE COMPANY	or Dry Gas	<input checked="" type="checkbox"/>	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 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 Leslie Kahwajy	Production Analyst
Printed Name 7/31/92	Title 505-326-9700
Date	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.