

OIL CONSERVATION DIVISION

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

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

DISTRICT II  
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. 30-039-24739  
Address P.O. BOX 4289, FARMINGTON, NEW MEXICO 87499-4289  
Reason(s) for Filing (Check proper box) ☐ Other (Please explain) **EFFECTIVE**  
New Well ☐ Change in Transporter of: **020193**  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐  
If change of operator give name and address of previous operator UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL, 3300 N. BUTLER SUITE 200, FARMINGTON, NEW MEXICO 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>JOHNSTON A</u>	Well No. <u>16</u>	Pool Name, Including Formation <u>BASIN FRUITLAND COAL</u>	Kind of Lease STATE State, Federal or Fee	Lease No. <u>E-291-35</u>
Location Unit Letter <u>A</u> : <u>790'</u> Feet From The <u>NORTH</u> Line and <u>790'</u> Feet From The <u>EAST</u> Line Section <u>36</u> Township <u>27N</u> Range <u>6W</u> , <u>NMPM</u> , <u>RIO ARRIBA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>EL PASO NATURAL GAS COMPANY</u>	<u>P.O. BOX 4990, Farmington, NM 87499</u>
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

Designated Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'
Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKE, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORDS

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
SACKS CEMENT		
JAN 29 1993		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

(Test must be after recovery of total volume of load oil and 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, ect.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Choke Size
		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.

Leslie Kahwajy  
Signature  
LESLIE KAHWAJY, PRODUCTION ANALYST

Printed Name JANUARY 22, 1993 Title (505) 326-9700

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 29 1993

By [Signature]  
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS:

This form is to be filled in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.