Submit 5 Copies Appropriate District Office DISTRICT 1 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

## **OIL CONSERVATION DIVISION**

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

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

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

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

Operator MERIDIAN (	OIL INC	Well API No.
Address		30-045-06701
	289, FARMINGTON, NEW MEXICO 87499 – 4289 Check proper box)	Other (Please explain)
New Well	Change in Transporter of:	FELLATIVE
Recompletion	Oil Dry Gas	EFFECTIVE
Change in Operator If change of operator give no	X Casinghead Gas Condensate	$\frac{020193}{}$
and address of previous ope		RNIA DBA UNOCAL, 3300 N. BUTLER SUITE 200, FARMINGTON, NEW MEXICO 87401
II DESCRIPT	TION OF WELL AND LEASE	=
Lease Name		ne, Including Formation Kind of Lease FEDERAL Lease No.
DAY "B" Location	1	SOUTH BLANCO PICTURED CLIFFS State, Federal or Fee SF-078571
Unit Letter	A : 1140' Feet From 7	The NORTH Line and 1175' Feet From Th∉ FAST Line
Section 7		
III. DESIGNA	TION OF TRANSPORTER O	OF OIL AND NATURAL GAS
Name of Authorized transp	orter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transp		Address (Give address to which approved copy of this form is to be sent)
El Paso Natural If well produces oil or liquid	is, Unit Sec. Twp.	P.O. Box 4990, Farmington NM 97401  Rge. Is gas actually connected? When?
give location of tanks.	gled with that from any other lease or pool, give commingli	ing order number:
	, , , , , , , , , , , , , , , , , , , ,	any order number.
IV. COMPLE	TION DATA	
Designated Type of Co	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, RKB, RT	T.GR. etc.) Name of Producing Formation	Top Oil/Gas Pay Tubing Depth
Perforations		Depth Casing Shoe
	TUBING, CASING	AND CEMENTING RECORDS
HOLE SIZ	E CASING & TUBING	SIZE DEPTH SET SAGE CEMEN
V TEST DAT	A AND REQUEST FOR ALI	Jana 9 1993
	A AND REQUEST FOR ALI	on total off.
		must be equal to or exceed top allowabove Ifor this depth or be for full 24 hours.)
Date First New Oil Run To	Fank Date of Test	Producing Method (Flow, pump, gas, lift, ext.)
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(pitol. back pr.	.) Tubing Pressure (Shut-in)	Casing Pressure (Shut – in) Choke Size
VI.OPERATO	R CERTIFICATE OF COMP	PLIANCE
Division have been comp	rules and regulations of the Oil Conservation plied with and that the information given above he best of my knowledge and belief.	OIL CONSERVATION DIVISION
Swin	Kancary	Date Aproved JAN 2 9 1993
Signature	J ()	By Bund
Leslie Kahwajy Printed Name	Produciton Analyst Title	
1-22-93	505-326-9700	Title SUPERVISOR DISTRICT #3
Date	Telephone No.	

INSTRUCTIONS: This form is to be filled 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 1, 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.