

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Aztec, NM 88410

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

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) **Effect 6-23-90**
New Well ☐ Change in Transporter of: ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Operator ☒ Casinghead Gas ☐
If change of operator give name and address of previous operator **Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120**

II. DESCRIPTION OF WELL AND LEASE

Lease Name **NEWSOME "B"** Well No. **15** Pool Name, including Formation **BASIN DAKOTA** Kind of Lease **State, Federal or Fee** Lease No. **SF078384**
Location **Unit Letter D** : **790** Feet From The **N** Line and **1190** Feet From The **W** Line
Section **22** Township **26N** Range **08W** , **NMPM** **SAN JUAN** 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 is to be sent) **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 is to be sent) **P. O. Box 990, Farmington, NM 87499**
If well produces oil or liquids, give location of tanks. **Unit** **Sec.** **Twp.** **Rgn.** 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		F.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casing Shoe				

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 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, etc.) **RECEIVED**
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____
JUL 3 1990
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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
Printed Name **Leslie Kahwajy** Prod. Serv. Supervisor
Date **6/15/90** Telephone No. **(505) 326-9700**

OIL CONSERVATION DIVISION

Date Approved **JUL 03 1990**
By [Signature]
Title **SUPERVISOR DISTRICT #3**

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.

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
P.O Drawer DD, Artesia, NM 88211-0719

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals, & Natural Resources Department

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☐ AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address Burlington Resources Oil & Gas PO Box 4289 Farmington, NM 87499		² OGRID Number 14538
		³ Reason for Filing Code CO - 7/11/96
⁴ API Number 30-045-20179	⁵ Pool Name BASIN DAKOTA (PRORATED GAS)	⁶ Pool Code 71599
⁷ Property Code 007363	⁸ Property Name NEWSOM B	⁹ Well Number #15

II. ¹⁰ Surface Location

UI or lot no. D	Section 22	Township 026N	Range 008W	Lot.Idn	Feet from the 790	North/South Line N	Feet from the 1190	East/West Line W	County SAN JUAN
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¹¹ Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
¹² Lse Code		¹³ Producing Method Code		¹⁴ Gas Connection Date		¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date	
								¹⁷ C-129 Expiration Date	

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
7057	EL PASO FIELD SERVICES P.O. BOX 1492 EL PASO, TX 79978		G	D-22-T026N-R008W
9018	Giant Industries 5764 US Hwy 64 Farmington, NM 87401	1526910	O	D-22-T026N-R008W

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method
⁴⁶ I hereby certify that the rules 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: <i>Dolores Diaz</i>			OIL CONSERVATION DIVISION Approved by: Frank T. Chavez		
Printed Name: Dolores Diaz			Title: District Supervisor		
Title: Production Associate			Approved Date: July 11, 1996		
Date: 7/11/96		Phone: (505) 326-9700			
⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator					
14538 Meridian Oil Production		Printed Name	Title	Date	
Previous Operator Signature		Dolores Diaz	Production Associate	7/11/96	
Signature: <i>Dolores Diaz</i>					