

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Meridian Oil Inc. is Operator
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	for El Paso Production Company
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-5 Unit	Well No. 79E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. NM 010516
Location				
Unit Letter <u>I</u>	<u>800</u> Feet From The <u>North</u> Line and <u>1163</u> Feet From The <u>East</u>			
Line of Section <u>7</u>	Township <u>28N</u>	Range <u>5W</u>	NMPM, <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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499
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)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>I</u> Sec. <u>7</u> Twp. <u>28N</u> Rge. <u>5W</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Drilling Clerk
(Title)
11-1-86
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 01 1986, 19
BY [Signature]
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well

GAS

2. Name of Operator

MERIDIAN OIL

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

800' FNL, 1163' FEL, Sec. 7, T-28-N, R-5-W, NMPM

5. Lease Number

NM-010516

6. If Indian, All. or Tribe Name

7. Unit Agreement Name

San Juan 28-5 Unit

8. Well Name & Number

San Juan 28-5 U #79E

9. API Well No.

30-039-23833

10. Field and Pool

Basin Dakota

11. County and State

Rio Arriba Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

Type of Action

☐ Notice of Intent☐ Abandonment☐ Change of Plans☒ Subsequent Report☐ Recompletion☐ New Construction☐ Final Abandonment☐ Plugging Back☐ Non-Routine Fracturing☐ Casing Repair☐ Water Shut off☐ Altering Casing☐ Conversion to Injection☒ Other - Tubing repair

13. Describe Proposed or Completed Operations

3-20-96 MIRU. ND WH. NU BOP. TOOH w/240 jts 1 1/2" tbgs. TIH w/4 1/2" seating nipple, csg scraper. SDON.

3-21-96 Swab well. Attempt to pull standing valve. Broke wireline. Fishing for wireline. Cut wireline. TOOH w/tbgs & csg scraper. TIH w/pkr. Set pkr @ 7868'. Pump 90 bbl wtr. PT to 1080 psi, OK. Attempt to TOOH w/pkr. Pkr would not release. SDON.

3-22-96 Release pkr, TOOH. TIH w/240 jts 1 1/2" 2.9# J-55 10RD EJE tbgs, landed @ 7996'. ND BOP. NU WH. RD. Rig released.

14. I hereby certify that the foregoing is true and correct.

Signed P. J. Shadwell Title Regulatory Administrator Date 3/25/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

MAR 29 1996

UNMOCD

FARMINGTON DISTRICT OFFICE
BY AT