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Appropries District Office
DISTRICT I
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 Rettors of Page

OIL CONSERVATION DIVISION

U.

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

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

DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

<u>l</u>		IO IHA	NSP	OH! OIL	ANU NA	UHAL	<u>- GAS</u>	40				
Operator Meridian Oil Inc.								Well A	IPI No.			
Address	N	- O 7 4	100						 			
P. O. Box 4289, Farming Reason(s) for Filing (Check proper box)	gton, r	NM 8/4	199		Oth	ex (Please	explain)					
New Well		Change in	Trans	orter of:	_						1	
Recompletion	Oil		Dry G									
Change in Operator	Casinghee	A Gas 🔲	Conde	_								
If change of operator give same	Canagas											
and address of previous operator		A OTP									-	
II. DESCRIPTION OF WELL	AND LE	Well No.	Pool I	Name, Includi	ng Formation			Kind o	x Lease	L	ease No.	
San Juan 28-6 Unit	460 Basin Fruit				tland Coal State,				Federal or Fe	SF-07	9193	
Location Unit Letter N		1300	East I	Sc	outh Lim		1355	E.	et From The .	West	Line	
-	· · · · · · · · · · · · · · · · · · ·		, real i							<u>.</u>		
Section 21 Township	<u> </u>	28N	Range	61	<u>, NI</u>	MPM,	Rio A	rrib	<u>a</u>		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil or Condensate X Meridian Oil Inc. Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499										ni)		
Meridian Oil Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)							
Northwest Pipeline Cor					P. O. Box 5890, Salt Lake City, UT 84158-0							
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?				?	<u>-</u> .		
give location of traks.					in a ned an energy	<u> </u>			.			
If this production is commingled with that if IV. COMPLETION DATA	rom any ou	er lease or	poor, g	ive commingi	ring corder morns	oer.				<u> </u>		
Designate Type of Completion	- 00	Oil Well	<u> </u>	Gas Weil	New Well	Worko	ver D	eepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pi. Ready to	Prod.		Total Depth	1			P.B.T.D.	I	ı	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Elevations (DF, RRD, RF, OR, Etc.)					•				-			
Perforations					Depth Casin	ng Shoe						
		MIDDIC	CAS	DIC AND	CENCENTE	NC DE	CORD		1			
	TUBING, CASING AND								SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SAORO GEMENT			
	ļ											
V. TEST DATA AND REQUES	T FOR	ALLOWA	ABLI		!				J			
OIL WELL (Test must be after re									s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, plants fas int.							
Length of Test	Tubing Pressure				Casing Pressure				Choke Size	Choke Size		
	Tooling Freesant				APR2 4 19				22/	<u> </u>		
Actual Prod. During Test	ing Test Oil - Bbls.					Water - Bbis. OIL CON "DILL"						
GAS WELL	- i- p				·		DA	ST	DIV.			
Actual Prod. Test - MCF/D	Length of	Test			Bois. Condes	sate/MM	CF		Gravity of (Condensate		
				······································		//					- 	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	nue (Sunt-	·111.)		Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COMF	PLIA	NCE				-0.	ATION	חוויייי	N I	
I hereby certify that the rules and regulations of the Oil Conservation					'	JIL C	ONS	=HV	AHON	DIVISIO	אוכ	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					APR 2 4 1992							
Landi And 10						Appr	oved _					
year M	e Tunwagy						3	سند) Oh			
Leslie Kahwajy	Production Analyst				By_		SU	PERV	SOR DIS	STRICT A	3	
Printed Name 4/16/92	505-32	26-9700			Title							
Date		Tele	ephoae	No.								

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.