

Send 5 Copies
to appropriate District Office
TRICLI
Box 1980, Hobbs, NM 88240

TRICLI
Drawer DD, Artesia, NM 88210

TRICLI
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

Operator Meridian Oil Inc.	Well API No.
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
new Well ☐	Change in Transporter of:
recompletion ☒	Oil ☐ Dry Gas ☐
change in Operator ☐	Casinghead Gas ☐ Condensate ☐
change of operator give name address of previous operator	

DESCRIPTION OF WELL AND LEASE

Well Name Pipkin	Well No. 7	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-077875
Location Unit Letter I : 1650 Feet From The South Line and 990 Feet From The East Line Section 17 Township 27N Range 10W, NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc.	or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499				
Does well produce oil or liquids, give location of tanks.	Unit I	Sec. 17	Twp. 27N	Rge. 10W	Is gas actually connected?	When?

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		X
Date Spudded 04-05-53	Date Compl. Ready to Prod. 07-20-89		Total Depth 1830'		P.B.T.D. 1750'			
Elevations (DF, RKB, RT, GR, etc.) 5975' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1585'		Tubing Depth 1726'			
Perforations 1554-56', 1584-1600', 1619-21', 1624-26', 1632-34', 40-42', 1744-46'								

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8 5/8"	110'	85 SX
	5 1/2"	1751'	150 SX
	2 3/8"	1746'	

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

RECEIVED
OCT 24 1989
CON. DIV

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) SI 214	Casing Pressure (Shut-in) SI 215	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
Peggy Bradfield Reg. Affairs
Printed Name
10-20-89
Date
326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 10/25/89
By Original Signed by FRANK T. CHAVEZ
Title SUPERVISOR, DISTRICT 4

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.