Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II

DISTRICT III

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

1000 Rio Brazos Rd., Aztec, NM 87410 2014630 2514656

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.									
Operator Meridian Oil Inc. 14538					Well API No.				
Meridian Oil Inc. 14538					30-045-60989				
P.O. Box 4289, Fa	rmington.	New Mexico	87499						
Reason(s) for Filing (Check proper box)		· · · · · · · · · · · · · · · · · · ·	07177		Other (Please	erniam			
New Well	Change in Transporter of:				_				
Recompletion	Oil Dry Gas				Effective Date 3-1-94				
Change in Operator X	Casinghead	d Gas	Condensate	<u> </u>					
<u>X</u>	cusingnea		Condensate						
If change of operator give name			***************************************		***************************************	***************************************	····	***************************************	
and address of previous operator	Petro Co	rp Inc. 1680	0 Greenspo	oint Park	Dr. Suite 3	00N. Hous	ton TX 770	060-2391	
II. DESCRIPTION OF WE	LL AND	LEASE				***************************************	***************************************		
Lease Name Delo	Well No.	Pool Name, Inch			Kind of Lease		Lease No		
Delo 14180	3	Fulcher PC		7200	State, Fede	ral)or Fee	SF047017E	3	
Unit Letter C	790	Kutz Feet form the	North	Line and	1755	Feet From The	West	Line	
Section 25	Township	28 North	Range	11 West	*************	_ rectifoin the	San Juan	County	
III. DESIGNATION OF TI	RANSPOR	TER OF O	IL AND N	ATURA	L GAS	······································		County	
Name of Authorized Transporter of Oil		or Condensate		Address (Gi	ve address to wh	ich approved copy	of this form to b	e sent)	
				<u> </u>	••••				
Name of Authorized Transporter of Casinghead Gas X or Dry Gas				Address (Give address to which approved copy of this form to be sent)			e sent)		
Sunterra Gas Gathering If well produces oil or	Unit -	; } c	1 =			, Bloomfield NM, 874			
liquids, give location of tanks.	Cmi	Sec. 25	Twp. 28N	Rge.	Is gas actually	connected?	When?		
If this production is commingled with that fro	m any other lease				<u>.i</u>			·	
IV. COMPLETION DATA						***************************************		······································	
	: Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X) Date Spudded Date Compl.	Ready to Prod.	ļ -	Total Depth	l 	! - !	†	} .i	i 1	
	iceday to 110a.		rotai Deptii			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ns (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil Gas		Pay	Tubing Depth			
							••••		
	TIIDI	NC CASINO	AND CEN	ENERG	DECORE	Depth Casing Sh	oe		
TUBING, CASING AND CEN HOLE SIZE - CASING & TUBING SIZE-									
	- CABINO & TOBINO		SIZE		DEPTH SET -		SACKS CEMENT		
				†	***************************************	***************************************		*************************	
V. TEST DATA AND REQ	UEST FO	R ALLOW	ABLE					***************************************	
OIL WEL (Test must be after recovery of	of total volume o	î ioad oil & must h	e equal to or ex	ceed top ailor	wable for this de	pth or be for full .	24 hours.)		
Date First New Oil Run To Tank	k Date of Test Producing Me			hod (Flow, pu	mp, gas lift, etc.)		***************************************		
Length of Test	Tubing Pressure		Casing Pressure Choke Sile				Line Pro	†	
10.10.10		N		in					
Actual Prod. During Test	l Prod. During Test Oil - Bbls.		Water - Bbls.			Gas - MCF MAR 0 2 1994			
GAS WELL			1			MANULI	774		
Actual Prod. Test - MCF/D Length of Test		Bbls. Condensate/MMCF			Grand Grand	nsiu			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		***************************************		1		
resung wethou (phot, back pr.)						Choke Size			
VI. OPERATOR CERTIFICATION	CATE OF	COMPLIA	NCF	<u></u>	***************************************		***************************************	***************************************	
I hereby certify that the rules and regulat	ions of the Oil Co	onservation Divisio	on have	0	II CONC	EDVATIO	I DII HOLO		
been complied with and that the information given above is true and complete to the best of my knowledge and belief				OIL CONSERVATION DIVISION MAR 0 21994					
Sest of my knowledge and belief				Date App	roved	MAIN U	& IJJT		
	1966			PP			1 /		
Signature		_		By	2	S ((A) (hong		
Shannon McMorris Printed Name	2 Todacolor 1 Aggi		ssistant	SUPERVISOR			DISTRICT #8		
2/1/94		Title 505-326-9526	5	Title		***************************************	•		
Date	Telephone No.								
		and the reserve from the second		·					

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompained 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.