Submit 5 Copies
Appropriate 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 Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	···								
Operator Meridian Oil Inc.					Well API No. 30-039-24904				
P.O. Box 4289, Fai	rminaton N	Jaw Mavico	<b>97400</b>						
Reason(s) for Filing (Check proper box)	mington, 1	New Mexico	0/477		Other (Please	e evnlain)	·····		
New Well	Change in Transporter of					. ехриину			
Recompletion	Oil	Change III 11	-	$\mathbf{x}$					
completion Oil Dry Gas X nange in Operator Casinghead Gas Condensate									
Change in Operator	Casingheat	Gas	Congensate						
If change of operator give name			***************************************			***************************************			
and address of previous operator									
II. DESCRIPTION OF WE	LL AND I		***************************************		***************************************	***************************************	***************************************	***************************************	
Lease Name	Well No.	Pool Name, Inclu	=			Lease No.		***************************************	
San Juan 29-7 Unit	562 Basin Fruitland Coal			State, Federal or Fee			Fee	***************************************	
Unit Letter B	1105	Feet form the	North	Line and	1850	Feet From The	East	Line	
Section 24	Township	29N	Range	7W	,NMPM,		Rio Arriba		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil					Address (Give address to which approved copy of this form to be sent)				
Meridian Oil Inc.	TATOTAX C			P.O. Box 4289, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas Williams Field Service  Or Dry Gas  P.O. Box 58900, Salt Lake City, UT,84158-0900									
If well produces oil or	Unit	Sec.	1 Twp.	Rge.	Is gas actually		When?	***************************************	
liquids, give location of tanks.	B	24	29N	i 7W	15 gas actually	connected:	when?		
If this production is commingled with that from		or pool, give com	mingling order	number:			<u></u>		
IV. COMPLETION DATA		910130	<b></b>					***************************************	
Designate Transaction and	i 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. F	Ready to Prod.		Total Depth		. <u></u>	P.B.T.D.	<u></u>	! 1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay Tubing Depth					
Perforations					Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE CASING & TUBING SIZE			SIZE	DEPTH SET			S	ACKS CEMENT	
V. TEST DATA AND REQUEST FOR ALLOWABLE									
_									
OIL WEL (Test must be after recovery of Date First New Oil Run To Tank	Date of Test	fload oil & must b			wable for this de	***********		W S IF	
			( Townp, Sac III, Co.,						
Length of Test	Tubing Pressure		Casing Pressure Choke Size			មួយ	JUL1 4	1003	
Actual Prod. During Test	Prod. During Test Oil - Bbls.		Water - Bbls.			Gas - MCF		***************************************	
						0	IL CON	I. DIV.	
GAS WELL Actual Prod. Test - MCF/D	YI T CT		1501-5			7-2	DIST.	3	
Actual Frod. 1est - MCF/D	Length of Test		Bbls. Condensa	ite/MMCF		Gravity of Conder	nsate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size	***************************************	· · · · · · · · · · · · · · · · · · ·	
VI. OPERATOR CERTIFIC	CATE OF	COMPLIA	NCF	<u> </u>	***************************************	<u> </u>		***************************************	
I hereby certify that the rules and regulat				0	H CONC	EDX/ATION	i Dividica	N N T	
been complied with and that the information given above is true and complete to the					OIL CONSERVATION DIVISION				
best of my knowledge and belief.					Date Approved JUL 1 4 1993				
Bul But					1				
Signature				By Bin) Chang					
Bill Brightman	Production Assistant			SUPERVISOR DISTRICT #3					
Printed Name 7/13/93	Title 505-326-9752				***************************************			π Э	
7/13/93 Date	Telephone No.								
- die le									

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.