Appropriate District Office
DISTRICT I
P.U. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

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

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

OIL CONSERVATION DIVISION

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. trobu 30-045-21140 Hmoco 800 Dox Reason(s) for Filing (Check proper bok) New Well Change in Transporter of Dry Gas Recompletion Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Lease Name Well No. Kind of Lease Lease No. State, Federal or Fee Blanco Nug <u>\$F078049</u> Location Feet From The FEL . Feet From The <u>FNL</u> Line 8w 29N Township NMPM. Range 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 is to be sent) or Condensate 30+hSt, FARMINGTON, NM 87401 Meridian Oil Inc ZEZE Address (Give address to which approved copy of this form is to be sent)
P.O. Box 4990 , FARMING ton, NM Name of Authorized Transporter of Casinghead Gas or Dry Gas PASO Natural FARMINGTON, NM 87499 GAS When ? If well produces oil or liquids, Unit Sec. ∏wp. Rgc. Is gas actually connected? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth l'enorations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. 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.) Tubing Pressure Length of Test Casing Pressure Actual Prod. During Test Oil - Bbls. Water - Bbls. 6 1991. OIL CON. DIV. GAS WELL Gravity DIST. 3 Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JUL 1 6 1991 is true and complete to the best of my knowledge and belief. Date Approved .

Whale Printed Nam 830.4280 Date Telephone No. By.

Title

SUPERVISOR DISTRICT #3

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.