Subnut 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Furm C-104 Revised 1-1-89 See Instructions at Buttom of Page

P.O. BOX 1980, 110006, 14141 88240	C	IL CO	NSI	ERVA	TION I	DIVISIO	N	/			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088										
DISTRICT III 1000 Rio Brazas Rd., Aziec, NM 87410	REQUI						ZATION				
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS											
Contract								/eii API No. 300452266100			
Address P.O. BOX 800, DENVER,	COLORADO	80201									
Reason(s) for Filing (Check proper box)		3 ! . T			Oth	er (Please explo	iin)				
New Well L. Recompletion	Oil	Change in To	ranspon Fry Gas								
Change in Operator	Casinghead	Gas 🗌 C	ondens	ate X							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
HEATH GAS COM D	<u> </u>				ing Formation SAVERDE	(PRORATEI		of Lease Federal or Fe		ease No.	
Location F Unit Letter	16	680 F	eet From	տ 1իշ	FNL Line	17 : and	'90 Fe	et From The	FWL	Line	
Section 08 Townshi	29N	R	ange	9W	, Nì	ирм,	SAN	JUAN		County	
III DECICALATION OF TO AN	CDAPTED	OF OU	A NJF	NATU	DAL CAS			-			
III. DESIGNATION OF TRAN [Name of Authorized Transporter of Oil		or Condensa		X)		e address to wh	ich approved	copy of this j	form is to be se	nu)	
MERIDIAN OIL INC.					3535 EAST 30TH STREET, FARMINGTON, CO. 87401						
						Idress (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, Unit Sec. Twp. Rge.					Is gas actually connected? When ?						
If this production is commingled with that	from any other	r lease or po	ol, give	comming	ling order numl	жг:					
IV. COMPLETION DATA		less we n	-16	\$17.19	1	1 11/- 4	(D	Di D. ak	Icama Barba	Diff Res'v	
Designate Type of Completion		Oil Well	1 6	as Well	New Well	WORKOVER	Deepen	Flug Back	Same Res'v	I	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	Pay		Tubing Depth			
Perforations	. L				A			Depth Casii	ig Shoe		
	TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
	-										
								ļ			
V. TEST DATA AND REQUES	T FOR A	LLOWAL	BLE		J			1			
OIL WELL (Test must be after r	ecovery of total	il volume of	load oi	l and mus	be equal to or	exceed top allo	wable for the	depth or be	for full 24 how	(5)	
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	mp, gas iyi, e	ic.j			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			DI . 1501			Gas- MCF				
CACWELL			-		 u w _ J(JL 5 199	U	1			
GAS WELL [Actual Prod. Test - MCF/D]	Length of Test				Bbls. Conference ON. DIV.			Gravity of	Condensale		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure Charles 14)			Choke Size			
	J							<u> </u>			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	ations of the C	Dil Conscrva	tion	CE		OIL CON	ISERV	ATION	DIVISIO	N	
is true and complete to the best of my knowledge and belief.					Date ApprovedJU				<u>1 5 1990</u>		
D.H. Mly					1						
Signature Doug W. Whaley, Sta	ff Admin	. Super	rviso	 <u>or</u>	∥ By_		3.		Hanny	- 1-	
France Name June 25, 1990 303-830-4280					Title		SUP	ERVISOR	DISTRIC	1 /3	
Date			one No		II						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.