

Submitt 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 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. 30-039-24296
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) New Well ☒ ☐ Change in Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐	
Other (Please explain) <i>Just Change Fr. Under 50T. Cool</i>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-6 Unit	Well No. 444	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease (State, Federal or Fee)	Lease No. E-347-20
Location Unit Letter <u>L</u> : <u>1450</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>30N</u> Range <u>6W</u> , <u>NMPM</u> , <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Meridian Oil Inc.	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 ☐ or Dry Gas ☒ Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) 3539 E. 30th, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>36</u>	Twp. <u>30</u>	Rge. <u>6</u>	Is gas actually connected? ☐	When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		☒	☒					
Date Spudded 12-13-89	Date Compl. Ready to Prod. 3-25-90		Total Depth 3490'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6543' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3229'		Tubing Depth 3482'			
Performances 3229-3315', 3361-3402', 3445-3486' (predrilled liner)					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		227'		188 cu. ft.			
8 3/4"	7"		3224'		1020 cu. ft.			
6 1/4"	5 1/2"		3489'		did not cmt			
	2 3/8"		3482'					

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.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
APR 18 1990
Gas-MCF
OIL CON. DIV.
DIST. 9

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke Size
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) SI 193	Casing Pressure (Shut-in) SI 1504	

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.

Peggy Bradfield
Signature
Peggy Bradfield Reg. Affairs
Printed Name
4-16-90 Title
Date 326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 18 1990

By *[Signature]*

Title SUPERVISOR DISTRICT 1

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.