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, Astonia, NM \$8210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRAN	ISP	ORT OIL	AND NA	TURAL G					
Operator							Well	JPI No.			
Meridian Oil Inc.											
P. O. Box 4289, Farmin	aton, N	M 8749	99_				·	<u> </u>			
Reason(s) for Filing (Check proper box)		O i- T			□X Od	et (Please expl	sia)				
New Well Recompletion	Oil	Change in T	namp Ory G		Ad	d 2nd Ga	s Transp	orter			
Change in Operator	Casinghead	_	Conde	_							
If change of operator give name and address of previous operator								·			
•	ANDIEA	CE									
IL DESCRIPTION OF WELL Lease Name			lool N	iame, Includi	ng Formation		Kind	f Lease	L	ease No.	
San Juan 30-6 Unit 401R Basin Frui					State.			Federal or Fee NM-012573			
Location	700					100	.		144		
Unit Letter N	: 790	I	Feet F	rom The	outh Lir	e and180	<u> </u>	et From The.	West	Line	
Section 13 Townshi	p 30N	<u> </u>	Cange	. 7W	, N	mpm, f	Rio Arri	ba		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)					nt)	
Medical Oil Inc. / ELF Medical produces oil or liquids,	01 Inc / EL PASC NATURAL GAS CO. Oil or liquids, Unit Sec. Twp. Rge.				P. O. Box 4289, Farmington, NM 87499 Is say actually connected? When?						
give location of tanks.	N		30N	7W	15 925	,		<u> </u>			
If this production is commingled with that	from any othe	er lease or po	ool, gi	ve comming!	ing order num	ber:	-	·			
IV. COMPLETION DATA	-	Oil Well	_	Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	lon wen	i	OES WELL	I MEM MEN	Wallotti			1		
Date Spudded	Date Comp	Date Compl. Ready to Prod.			Total Depth		-	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	nducing For	mation		Top Oil/Gas	Pay		Tubing Dep	th		
Elevations (DF, RKB, RT, GR, etc.)											
Perforations								Depth Casin	g Shoe	j	
	т	TIRING (7 A CI	NG AND	CEMENT	NG RECOR	D.	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									· -		
	+				 						
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	4					and E	TO COL	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas 1) estate					
Dere Life Lack Off With 10 1977	Date of 1et	•					M			<u>២</u>	
Length of Test	Tubing Pre	saure .			Casing Pres	RTLG		MARRE	3 1989		
Actual Prod. During Test	Oil - Bbls.	Oit Phile				Water - Bbis.			ME-CON. DIV.		
Writing Liver Denning 1604	Oil - Bois.					_		Dis	т. 3		
GAS WELL			_						- -		
Actual Prod. Test - MCF/D	Length of	Test		 	Bbls. Conde	nsie/MMCF	 	Gravity of	Condensate		
	This is	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	1 woing Fre	eeurs (300f-1	ul j		Casing rice						
VL OPERATOR CERTIFIC	ATE OF	COMPI	LIA	NCE	1	011 001		ATION	DIVICIO	NAI.	
I hereby certify that the rules and regu	lations of the	Oil Conserve	ation			OIL CO	NSEHV	AHON			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					5-1	Date ApprovedMAR 2 3 1002					
is the and continue to the cent of my knowledge and better.					Dat	• •					
() Inline FUE PAB					Bv_	By Original Signed by FRANK T. CHAVEZ					
Figure Peggy Bradfield R	egulato	ry Affa	irs		-						
Printed Name	_		Title		Title	.			SUPERVIS	OR DISTRICT	
March 23, 1989	3	26-9700 Teles	bose	No.					i i		

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.

DISTRICT | P.O. Box 1980, Hobbs, NM \$8240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Associa, NM 82210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Beazos Rd., Azosc, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

IL DESCRIPTION OF WELL AND LEASE Lease Name San Juan 30-6 Unit	Lasan No.					
Research for Filing (Check proper box) New Well Change in Transporter of: Recomptation Oil Dry Gas Change in Operator Catingheed Gas Condensate Change in Operator Catingheed Gas Condensate IL DESCRIPTION OF WELL AND LEASE Lease Name San Juan 30-6 Unit 401R Basin Fruitland Coal State, Federal or Fee NM-6 Location Unit Letter N : 790 Feet From The South Line and 1800 Feet From The West Section 13 Township 30N Range 7W , NMPM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	man No.					
Change in Transporter of: Recompletion	esse No.					
Recompletion	man No.					
Change in Operator	man No.					
IL DESCRIPTION OF WELL AND LEASE Lease Name San Juan 30-6 Unit 401R Basin Fruitland Coal State, Federal or Fee NM-6 Lease Name Unit Letter N : 790 Feet From The South Line and 1800 Feet From The West Section 13 Township 30N Range 7W , NMFM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	ess No.					
Lease Name San Juan 30-6 Unit Well No. Pool Name, including Formation San Juan 30-6 Unit 401R Basin Fruitland Coal State, Federal or Fee NM-6 Lease Name Unit Letter N : 790 Feet From The South Line and 1800 Feet From The West Section 13 Township 30N Range 7W NMFM, Rio Arriba	een No					
Loss Name San Juan 30-6 Unit Well No. Pool Name, including Formation San Juan 30-6 Unit 401R Basin Fruitland Coal Sinte, Federal or Pee NM-6 Loss NM-6 NM-	mm No.					
San Juan 30-6 Unit 401R Basin Fruitland Coal Sine, Federal or Fee NM-6 Location Unit Letter N : 790 Feet From The South Line and 1800 Feet From The West Section 13 Township 30N Range 7W , NMPM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Unit Letter N : 790 Feet From The South Line and 1800 Feet From The West Section 13 Township 30N Range 7W , NMFM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	012573					
Section 13 Township 30N Range 7W , NMPM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Line					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	County					
	COLLEY					
Name of Authorized Transporter of Oil or or Condensate 🔑 🗆 Address (Give address to which approved come of this form is to be s						
Manual Alian Color and Col	•					
	<u> 1499 — </u>					
Meridian Oil Too Or/El Paso Natural Cas Co PO Box 4990, Farmington, NI 8/499	7499					
If well produces oil or tiquids, Unit Sec. Twp. Rgs. Is gas sometly consected? When?	.,,					
If this production is communicated with that from any other lease or pool, give communicating order number:						
IV. COMPLETION DATA						
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res v Designate Type of Completion - (X)	Diff Resiv					
Date Spudded Date Compile Compile Ready to Prod. Total Depth P.B.T.D.						
02-04-89 02-27-89 3033'						
Elevanoes (DF. RKB, RT, GR. etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 6133'CI Fruitland Coal 2872' 2014!	Tubing Depth					
2314	2872 2914 Depth Casing Shoe					
2872-2994'(predrilled liner) 3033'						
TUBING, CASING AND CEMENTING RECORD						
177 6	SACKS CEMENT					
7 37 0	177 cu.ft. 948 cu.ft.					
6 1/4" 5 1/2"liner 3033' did not cm	did not cmt					
2 7/8 &3 1/2" 2914'						
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 ho	MFS.)					
Date First New Oil Rus To Tank Date of Test Producing Method (Flow, pump, gas iift, etc.)						
Length of Test Tubing Pressure Casing Pressure Choke Size	Choke Size					
Length of Test Tubing Pressure Canng Pressure Canng Pressure						
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF	Gas- MCF					
GAS WELL						
Actual Prod. Test - MCF/D Length of Test Bhis. Condensate/MMCF Gravity of Condensate	Gravity of Condensate					
Testing Method (pilet, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	Choice Size					
backpressure 1203 n/a						
VI OPERATOR CERTIFICATE OF COMPLIANCE OF COMPLIANCE OF COMPLIANCE	ON					
I hereby certify that the rules and regulations of the Qi Conservation Division have been complied with and that the information gives above	ON					
is true and complete to the best of my knowledge and belief. Date Approved						
/ Date in prior to the second						
Jean Studyed 500 -						
By	TO SE TE					
Peggy Bradfield Regulatory Affairs SUFERVISION DUSTRICE	T#3					
Peggy Bradfield Regulatory A Pfairs SUFERVISION DUSTRICE	T#3					

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 Secretary C. 104 areas be filled for each pool in continuity conveniented wells.