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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**

I. Operator Meridian Oil Inc. Well API No. _____
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 ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Juan 31-6 Unit</u>	Well No. <u>209</u>	Pool Name, including Formation <u>Basin Fruitland Coal</u>	Kind of Lease State (Federal) or Fee	Lease No. <u>SF-079000</u>
Location Unit Letter <u>L</u> : <u>2500</u> Feet From The <u>South</u> Line and <u>1120</u> Feet From The <u>West</u> Line Section <u>1</u> Township <u>30N</u> Range <u>7W</u> <u>NMPM</u> <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Meridian Oil Inc.</u>	or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4289, Farmington, NM 87499</u>				
Name of Authorized Transporter of Casinghead Gas <u>Meridian Oil Inc.</u>	or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4289, Farmington, NM 87499</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>1</u>	Twp. <u>30N</u>	Rge. <u>7W</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 <u>05-29-89</u>	Date Compl. Ready to Prod. <u>08-14-89</u>		Total Depth <u>3490'</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>6542' GL</u>	Name of Producing Formation <u>Fruitland Coal</u>		Top Oil/Gas Pay <u>3307'</u>		Tubing Depth <u>3356'</u>			
Perforations <u>3307-3386' (predrilled liner)</u>					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	339'	370 cu.ft.
8 3/4"	7"	3306'	1039 cu.ft.
6 1/4"	5 1/2"	3389'	did not cmt
	2 7/8"	3356'	

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 _____ Choke Size _____
Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puet, back pr.) <u>backpressure</u>	Tubing Pressure (Shut-in) <u>SI 1046</u>	Casing Pressure (Shut-in) <u>SI 1388</u>	Choke Size

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, Regulatory Affairs
Printed Name
9-2-89 326-9727
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 20 1989
By _____ Original Signed by FRANK L. CHAVEZ
Title _____

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.