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, Artesia, NM 88210

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.									
Operator Meridian Oil Inc.					Well API No.				
Address		*************************			İ		**************************************		
P.O. Box 4289, 1	Farmington, N	ew Mexico	87499						
Reason(s) for Filing (Check proper box)					Other (Please	explain)			
New Well		Change in Tr	ansporter of:		_				
Recompletion	Oil	Oil Dry Gas							
Change in Operator	Casinghead	Gas	Condensate						
If change of operator give name	<del></del>		<del></del>				<u></u>	***************************************	
and address of previous operato	******************************						***************************************		
II. DESCRIPTION OF V			······································		*;;;···;···;;		·		
Lease Name Zachary	1 1	Well No. Pool Name, Including For 15 Basin Dakota			Kind of Lease State, Fede	ral or Fee	Lease No.  I or Fee SF-080724A		
Location		Dasiii Dakota	l		State, I cue	iai oi i cc	SI -000724A	,	
Unit Letter N	1080	Feet form the	South	Line and	1770	Feet From The	West	Line	
Section 33	Township	29 N	Range	10 W	,NMPM.	•••••	San Juan	County	
III. DESIGNATION OF	TRANSPOR	TER OF O	IL AND N	***********				*************	
Name of Authorized Transporter of Oil		or Condensate	X	Address (Give address to which approved copy of this form to P.O. Box 4289, Farmington, NM 87499				e sent)	
Meridian Oil Inc.	aband Gos	or Des Goa				ich approved copy			
Name of Authorized Transporter of Casir Meridian Oil Inc.	ignead Gas	or Dry Gas	X	,		ngton, NM 87		s sent)	
If well produces oil or	i Unit	Sec.	! Twp.	Rge.	Is gas actually	••••	When?		
liquids, give location of tanks.	N	33	29	10					
If this production is commingled with tha	t from any other lease	or pool, give com	mingling order	number:					
IV. COMPLETION DAT	ΓΑ								
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)  Date Spudded   Date Com	ipl. Ready to Prod.	L	Total Depth		: 	P.B.T.D.	<u>}</u>	<u> </u>	
	, <b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Fo		cing Formation	Top Oil/Gas		Pay Tubing Depth				
Perforations						Depth Casing Sho	oe		
		NG, CASING	***************************************	ENTING	***************************************		·		
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET	SACKS CEMENT			
		***************************************		<del> </del>				***************************************	
V. TEST DATA AND RE	EOUEST FOR	RALLOW	ABLE		***************************************	••••••	<u></u>	***************************************	
OIL WEL (Test must be after recove	-			ceed top allo	wable for this de	epth or be for full 2	24 hours.)		
Date First New Oil Run To Tank Date of Tes				hod (Flow, pump, gas lift, etc.)			MEGEIVEM		
Length of Test Tubing P		ing Pressure Casing Pressu		e Choke Size		M U			
Actual Prod. During Test	Oil - Bbls.	oil - Bbls.		Water - Bbls.		SEP - 9 1993		193	
	<u></u>					l tali	CON	D!M	
GAS WELL Actual Prod. Test - MCF/D	II and AT		IDble Conde	ota/MMCE		Gravity of Carl	monta :	-	
Actual Prod. Test - MCF/D	Length of Test	Lengun of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	ting Method (pitot, back pr.)  Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		<u></u>	
VI. OPERATOR CERTI	FICATE OF	COMPLIA	NCE	]		<u></u>		<del></del>	
I hereby certify that the rules and re				0	IL CONS	ERVATIO	N DIVISIO	)N	
been complied with and that the information given above is true and complete to the best of my knowledge and belief.									
M: 1 2 - 1				Date Approved		SEP - 9 1993			
But Buf							1		
Signature				By					
Bill Brightman		Production A	Assistant	Title	SI	IPERVISOR	T) ( T T) = 1		
Printed Name 8/18/93	rinted Name Title					JPERVISOR .	DISTRICT		
8/18/93 Date	18/93 505-326-9752 Telephone No.								
- ulv		Totobilone M	∙.	t					

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

- 1) Request for allowable for newly drilled or deepened well must be accompained 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.