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

l								
Operator Meridian Oil Inc.					Well API No.	***************************************		
Address					30-045-			
P.O. Box 4289, Far	mington, l	New Mexico	87499					
Reason(s) for Filing (Check proper box)					Other (Please	explain)		
New Well		Change in Tr	ansporter of:		_			
Recompletion	Oil		Dry Gas	X				
Change in Operator	Casinghea	d Gas	Condensate					
If change of operator give name						***************************************	***************************************	
and address of previous operator								
II. DESCRIPTION OF WE					***************************************	*****		
Lease Name	Well No.	Pool Name, Inclu	-	***************************************	Kind of Lease	1) 79	Lease No	
Congress Location	7	Basin Dakota	<u> </u>	***************************************	State, (Fede	eral) or Fee	SF047020E	<u> </u>
Unit Letter K	1800	Feet form the	South	Line and	1800	Feet From The	West	Line
Section 34	Township	29 N	Range	11 W	,NMPM,		San Juan	County
III. DESIGNATION OF TR	LANSPOR				*****			
Name of Authorized Transporter of Oil Meridian Oil Inc.		or Condensate	X	Address (Give address to which approved copy of this form to be sent) P.O. Box 4289, Farmington, NM 87499				e sent)
Name of Authorized Transporter of Casinghe							e sent)	
Meridian Oil Inc.				ž.		ngton, NM 8'		,
If well produces oil or	Unit	Sec. 34	Twp.	Rge.	Is gas actually connected?		When?	
liquids, give location of tanks. If this production is commingled with that from	i K		29 N	i 11 W		······································		·····
IV. COMPLETION DATA	in any outer road	e or poor, give com	ininging order i	iumber.				<u></u>
	i Oil Well	1 Gas Well	New Well	Workover	i Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X) Date Spudded Date Compl. F	i Anduto Prod	<u> </u>	Total Depth	i 	· 	P.B.T.D.	·	i
Date Compi. R	teady to Frod.		Total Depui			P.B. I.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		4	Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casing Shoe				
	TUB	ING, CASING	AND CEM	ENTING	RECORD	Thebri Casing Si	100	***************************************
HOLE SIZE CASING & TO		SING & TUBING	G SIZE		DEPTH SET		SACKS CEMENT	

V. TEST DATA AND REQ	IIEST FO	RALIOW	ARIF	<u> </u>				***************************************
OIL WEL (Test must be after recovery of				ceed top allo	wahle for this de	enth or he for full	24 hours)	
Date First New Oil Run To Tank Date of Test		······································	Producing Method (Flow, pump, gas lift, etc.					WE IN
Length of Test	Tubing Pressu	ire	Casing Pressure	Α	Choke Size	M		<u> </u>
<u> </u>						IUL2719	93	
Actual Prod. During Test Oil - Bbls.		Water - Bbls.			Gas - MCF OIL CON. DIV.			
GAS WELL	<u>!</u>	***************************************			****	L OIL		
Actual Prod. Test - MCF/D	Length of Tes	Length of Test		Bbls. Condensate/MMCF		Gravity of Cond	ensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		······································	Choke Size		
(Free 1, 100 and 1, 10	Tubing 11000		Cusing Pressure	c (Shat-in)		Choke Size		
VI. OPERATOR CERTIFIC								***************************************
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				OIL CONSERVATION DIVISION				
best of my knowledge and belief.				Date Approved JUL 2 7 1993				
Bill Bail				Date App	roved		•	***************************************
Signature				Ву	7	رين اين	0.	
Bill Brightman Production Assistant					SUD	EDVIDAS -	8	***************************************
Printed Name Title			,	Title	307	ERVISOR D	ISTRICT :	13
7/27/93 505326-9752 Date Telephone No.								

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.

