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

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210

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

A.									
Operator Moridian Oil Inc					Well API No.				
Meridian Oil Inc.		***************************************			30-045-	**************			
P.O. Box 4289, Far	mington, N	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	Casinghead	l Gas	Condensate						
If change of operator give name				•••••	***************************************	**********************			
and address of previous operator		77.07		***************************************					
II. DESCRIPTION OF WE	LL AND I	Pool Name, Inclu	ding Formation		Kind of Lease		Lease No.		
Congress	4	Basin Fruitla	-		State, Fede	ral or Fee	SF-047020		
Location	· d			***************************************	4		J		
Unit Letter A	990	Feet form the	North	Line and	790	Feet From The	•	Line	
Section 35	Township	29 TED OF O	Range		,NMFM,		San Juan	County	
III. DESIGNATION OF TR	ANSPUR	or Condensate		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		inh ammariad again	afthia famu ta ha	aaut)	
Name of Authorized Transporter of Oil Meridian Oil Inc.		or Condensate	X	•	dress (Give address to which approved copy of this form to be sent) D. Box 4289, Farmington, NM 87499			sent)	
Name of Authorized Transporter of Casinghe	ad Gas	or Dry Gas			ddress (Give address to which approved copy of this form to be sent)				
Meridian Oil Inc.			X	•		armington, NM 87499			
If well produces oil or	Unit	Sec.	1 Twp.	Rge.	Is gas actually	connected?	When?		
liquids, give location of tanks.	<u>i A</u>	35	<u>i 29</u>	11	<u> </u>				
If this production is commingled with that from	m any other leas	e or pool, give com	mingling order	number:				***************************************	
IV. COMPLETION DATA	. Oil Well	Gas Well	s New Well	. Workover	: Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)	On wen	l Gas well	i new went	i workover	i Deepen	i rug back	l suite res v	Din Res	
Date Spudded Date Compl. F	Ready to Prod.		Total Depth		.i	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay		Tubing Depth			
Perforations	TIID	INC CASINO	AND CEM	ENTING	DECODD	Depth Casing Sh	oe		
TUBING, CASING AND CE HOLE SIZE CASING & TUBING SIZE				·				ACKS CEMENT	
TIOLE SIZE		BING & TOBING	01212					TORG CENTER !	
	1							***************************************	
V. TEST DATA AND REQ	UEST FO	R ALLOW	ABLE			دي	or and 🕶 🐔	er en	
OIL WEL (Test must be after recovery of	of total volume o	of load oil & must b	e equal to or ex	ceed top allo	wable jor this d	epth or be for full	24 hours.		
Date First New Oil Run To Tank Date of Test		Producing Method (Flow, p			ımp, gas lift, etc.)			
Length of Test	Tubing Pressu	re	Casing Pressur	e	Choke Size	<u> </u>	MAY 27 1	993	
_								VIG	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas - MCF	DIST.	3	
GAS WELL								••••	
Actual Prod. Test - MCF/D	F/D Length of Test			ate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFI	CATE OF	COMPLIA	NCF			1		***************************************	
I hereby certify that the rules and regular					III CONS	FDVATIO	N DIVICIO	N	
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 MAY 2 7 1993			7 1993		
Mil Bal				/ ipp			л		
Signature				By					
Bill Brightman Production Assistant				011777110000000000000000000000000000000					
Printed Name Title				Title	26	PENVISOR	DISTRICT	73	
5/26/93 Date	505-326-9752 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.