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 Instruction at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Arlesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L TO TRANSPORT OIL AND NATURAL GAS											
Operator MERIDIAN OIL INC.								Well A	.PI No.		
Address P. O. BOX 4289, FARMING	STON, NE	EW MEX	(ICO	8 749 9)						
Reason(s) for Filing (Check proper box)					X Othe	t (Please exp	lain)				
New Well	Oil Casinghead		Dry Go	. 🖳		change - tive 6/2			lander #	1	
if change of operator give name Unior	Texas	Petro	oleum	Corpor	ation, F	. O. Bo)X	2120,	Houston	, TX 772	52-2120
IL DESCRIPTION OF WELL					-						
Lase Name Julander Federal	Well No. Pool Name, Includin 1 Basin Dakot								of Lease No. Federal or Fee NM-02098:2		
Location Unit Letter J	. 18	50	Feet P	rom The	Line	and	1550) Fe	et From The	E	Line
Section 31 Township	29	9N	Range	11		APML	Sai	n Juar	1		County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499										
Name of Authorized Transporter of Casing Sunterna Gas Gathering					Address (Give address to which approved P. O. Box 26400, Albug						
If well produces oil or liquids, give location of tanks.		Sec.	Twp.	Rge.	ls gas actuali		-	When		<u> </u>	
If this production is commingled with that f	rom any othe	r lease or	pool, gi	ve commingle	ing order numl	жег:					
IV. COMPLETION DATA		107.71.			N	(Danasa	Dive Book	Same Res'v	Diff Res'v
Designate Type of Completion -	· (X)	Oil Well		Gas Well	New Well	Workover		Deepea	Plug Back		Dui kesv
Date Spudded	Date Compi. Ready to Prod.			Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth		
Perforations									Depth Casin	ng Shoe	
TUBING, CASING AND									1		
HOLE SIZE	ZE CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
											
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE						<u> </u>		
OIL WELL (Test must be after n					be equal to or	exceed top a	llows	ble for thi	s depth or be	for full 24 hou	73.)
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	ITY	
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.				Cas- MCF	0 19 90	凹
GAS WELL	L				<u> </u>				**************************************		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			•	DIST. 3			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE					<u> </u>	D. 4016	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION NOV 3 0 1990						
is true and complete to the best of my knowledge and belief.					Date Approved						
Leslie Hahwayy					3.1) chi						
Leslie Kahwajy	Regulatory Affairs				SUPERVISOR DISTRICT #3						
Printed Name 11/30/90 •	505-326-9700 Title				Title	Title					
Date		Tel	ephone	No.	1					<u></u>	

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.