

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 875004-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
8074230 ✓
8074152 ✓

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| | | | |
|--|---------------------------|------------------------|---------------|
| Operator | Meridian Oil Inc. 14534 | Well API No. | 32-0415-21002 |
| Address P.O. Box 4289, Farmington, New Mexico 87499 | | | |
| Reason(s) for Filing (Check proper box) | | Other (Please explain) | |
| New Well | Change in Transporter of: | Effective Date 3-1-94 | |
| Recompletion | Oil | Dry Gas | |
| Change in Operator | Casinghead Gas | Condensate | |
| | X | | |

If change of operator give name and address of previous operator
Petro Corp Inc. 16800 Greenspoint Park Dr. Suite 300N, Houston TX 77060-2391

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------|----------|--------------------------------|------------------------|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Delo 14180 | 8 | Fulcher PC 77200 | State (Federal) or Fee | SW734 |
| Location | | | | |
| Unit Letter | I | 1850 | Feet from the | South |
| Section | 33 | Township | 29 North | Range |
| | | | Line and | 790 |
| | | | Feet From The | East |
| | | | | Line |
| | | | | San Juan |
| | | | | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---------------|---|
| Name of Authorized Transporter of Oil | or Condensate | Address (Give address to which approved copy of this form to be sent) |
| | | |
| Name of Authorized Transporter of Casinghead Gas | X or Dry Gas | Address (Give address to which approved copy of this form to be sent) |
| El Paso Natural Gas | | P.O. Box 4990, Farmington, NM 87499 |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | I | 33 |
| | | Twp. |
| | | 29 North |
| | | Rge. |
| | | 11W |
| | | 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 | Date Compl. 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 | | |
| | | | | | | Depth Casing Shoe | | |

TUBING, CASING AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil & 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 (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | 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.

| | |
|------------------|----------------------|
| Signature | Production Assistant |
| Shannon McMorris | |
| Printed Name | Title |
| 2/1/94 | 505-326-9526 |
| Date | Telephone No. |

OIL CONSERVATION DIVISION
MAR 02 1994

Date Approved

By

Title

SUPERVISOR DISTRICT #3

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.