

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |  |                  |
|---|--|------------------|
| Operator<br>Meridian Oil Inc.   |  | Well API No.     |
| Address<br>P. O. Box 4289, Farmington, NM 87499   |  |                  |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)   |  |                  |
| New Well <input type="checkbox"/>   | Change in Transporter of:  |                  |
| Recompletion <input type="checkbox"/>   | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>                          |                  |
| Change in Operator <input checked="" type="checkbox"/>  | Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> | Effective 1/1/91 |
| If change of operator give name and address of previous operator Southern Union Exploration Co., 1201 Elm Street, Ste. 1900, Dallas, TX 75270 |  |                  |

II. DESCRIPTION OF WELL AND LEASE

|  |                 |   |   |                         |
|--|-----------------|---|---|-------------------------|
| Lease Name<br>Largo Federal  | Well No.<br>1-A | Pool Name, Including Formation<br>Aztec Pictured Cliffs | Kind of Lease Fed.<br>State, Federal or Fee | Lease No.<br>NM-0555563 |
| Location<br>Unit Letter C : 1190 Feet From The North Line and 1595 Feet From The West Line<br>Section 34 Township 29N Range 9W , NMPM, San Juan County |                 |   |   |                         |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Meridian Oil Inc.  | P. O. Box 4289, Farmington, NM 87499                                     |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas  | P.O. Box 990, Farmington, NM 87401                                       |
| If well produces oil or liquids, give location of tanks.   | Unit   Sec.   Twp.   Rge.   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      |           |            |            |
| Perforations                       |                             |          |                 |          | 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 and 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 (pilot, 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.

Leslie Kahwajy  
Signature, Leslie Kahwajy Regulatory Affairs  
Printed Name  
12/21/90 Date  
505-326-9700 Telephone No.

OIL CONSERVATION DIVISION

DEC 26 1990

Date Approved  
By Brian D. Chang  
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.