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

1.	····			,				
Operator Meridian Oil Inc	c.			Well API No.				
Adcress PO Box 4289	Farmington, New Mexic	o 87400			***************************************		***************************************	
Reason(s) for Filing (Check proper box)		0001477		Other (Please	explain)	·····		
New Well		T		- Other (1 lease	explain)			
		Transporter of						
Recompletion	Oil	Dry Gas	X					
Change in Operator	Casinghead Gas	Condensate	2					
If change of operator give nam		·····	***************************************				<u> </u>	
and address of previous operat	********************************	*****************************						
II. DESCRIPTION OF								
Lease Name Zachary Location	Well No. Pool Name, It 16E Basin Dak	icluding Formation ota	***************************************	Kind of Lease State, Fede	ral or Fee	Lease No. SF-080724A	***************************************	
Unit Letter P	830 Feet form the	South	Line and	830	Feet From The	East Lir	ne	
Section 33	3 Township 29 N	Range	10 W	,NMPM,		San Juan Co	unty	
III. DESIGNATION OF	TRANSPORTER OF	OIL AND N	IATURA	L GAS				
Name of Authorized Transporter of Oil	\mathbf{X}	Address (Give address to which approved copy of this form to be sent)						
Meridian Oil Inc.		P.O. Box 4289, Farmington, NM 87499						
Name of Authorized Transporter of Casinghead Gas or Dry Gas Meridian Oil Inc.			Address (Give address to which approved copy of this form to be sent) P.O. Box 4289, Farmington, NM 87499					
If well produces oil or	Unit Sec.	Twp.	Rge.	Is gas actually	connected?	When ?		
liquids, give location of tanks.	P 33	29	<u>i 10</u>				•	
If this production is commingled with th		commingling order	number:				****	
IV. COMPLETION DA								
Designate Type of Completion - (X)	ı Oil Well ı Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
	mpl. Ready to Prod.	Total Depth	.i.,	<u> </u>	P.B.T.D.	<u> </u>		
EL (DE DVD DT OD			78					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1	Top Oil/Gas	Pay	Tubing Depth			
Perforations		***************************************	- 	***************************************	Depth Casing Sh	oe	***************************************	
	TUBING, CASI	NG AND CEM	IENTING	RECORD	***************************************		***************************************	
HOLE SIZE	CASING & TUBI	NG SIZE		DEPTH SET		SAC	KS CEMEN	
		*********************	<u> </u>					

V. TEST DATA AND R	-							
OIL WEL (Test must be after reco	very of total volume of load oil & mu Date of Test			vable for this de		24 hours)		
Date That New On Run To Talk	Date of Test	Todacing Med	inou (Flow, pui	mp, gas mi, etc.				
Len 5th of Test	Tubing Pressure	Casing Pressur	e	Choke Size	- UN			
					S	EP - 91883	***************************************	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas - MCF	manage (6%)	e i #	
GAS WELL				***************************************	014			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condens	ate/MMCF	***************************************	Gravity of Conde	nsate S		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressur	re (Shut-in)		Choke Size		<u> </u>	
VI. OPERATOR CERT	TFICATE OF COMPL	IANCE			Ł		***************************************	
	egulations of the Oil Conservation Div			TI CONC	EDVATIO	N DIVICION	,	
been complied with and that the information given above is true and complete to the			OIL CONSERVATION DIV			N DIVISION		
best of my knowledge and belief.				Date Approved		SEP - 91993		
			Date Appl	ioveu	***************************************	1		
Signature			Ву		3.1)	<u> </u>		
Bill Brightman	Production	n Assistant		C	HIDEDWAS	7	***************************************	
Printed Name Title			Title SUPERVISOR DISTRICT #3			#3		
8/18/93	505-326-9		1					
Date INSTRUCTIONS. Tela 6	Telephone							
INCTDICTIONS. This &	ama is to be filed in somelie	* 1 TO 1	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.