**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. Box 2088

P.O. Drawer DD, Artesia, NM 88210

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

•					317-11 A DY 37-				
perator Meridian Oil Inc.				Well API No.					
Meridian Oil Inc.									
P.O. Box 4289, Fa	rmington, New I	Mexico 8	7499						
Reason(s) for Filing (Check proper box)					Other (Please ex	cplain)			
New Well	Cha	nge in Trai	nsporter of:		1				
Recompletion	Oil		Dry Gas	X					
• ==	Casinghead Gas		Condensate						
Change in Operator	Casingiloud Gus								
If change of operator give name									
and address of previous operator									
II. DESCRIPTION OF WI	ELL AND LEA	SE							
Lease Name	Name Well No. Pool Name, Includ		ng Formation		Kind of Lease State, Federal or Fee		Lease No. SF-080724A		
Zachary	15E Bas	in Dakota			State, redera	ii oi rec	51 -000 /2-41		
Location Unit Letter C	940 Feet	form the	North	Line and	1650	Feet From The	West	Line	
Section 33	Township		Range	10 W	,NMPM,		San Juan	County	
III. DESIGNATION OF T	RANSPORTE	R OF OI	L AND N	ATURA	L GAS	<u></u>		<del></del>	
Name of Authorized Transporter of Oil		ondensate	X	Address (Gi	ve address to whic			sent)	
feridian Oil Inc.			P.O. Box 4289, Farmington, NM 87499						
Name of Authorized Transporter of Casinghead Gas or Dry Gas			X		Address (Give address to which approved copy of this form to be sent) P.O. Box 4289, Farmington, NM 87499				
Meridian Oil Inc.					Is gas actually c		When?		
If well produces oil or	Unit	Sec.	Twp.	Rge.	is gas actually c	OILICCICA:	, which		
liquids, give location of tanks.	i C i	33	<u></u>				<u>.i</u>		
If this production is commingled with that		ool, give com	imiginig order i	iumoor.	•				
IV. COMPLETION DATA	A i Oil Well i	Gas Well	New Well	Workover	! Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)				I	1	<u></u>	<u> </u>	! i	
Date Spudded Date Comp	I. Ready to Prod.		Total Depth			P.B.T.D.			
	INIama of Broducing	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Floddenig								
Perforations	<b>i</b>					Depth Casing Sh	100		
1 criotatora	TUBING	, CASING	AND CEN	IENTING				A OVE CENTENT	
HOLE SIZE	CASING	CASING & TUBING SI			LE DEPTH SET			ACKS CEMENT	
			A DE E					***************************************	
V. TEST DATA AND RE	QUEST FOR A	LLOW	ABLL		hla fan thin de	enth or he for full	1.24 hours-in 3	34 67 (9)	
OIL WEL (Test must be after recovery of total volume of load oil & must   Date First New Oil Run To Tank   Date of Test			Producing Method (Flow, pump, gas lift, etc.			)	2 2		
Date First New Oil Run 10 Tank	Date of Test	Date of Test							
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure Ch		Choke Size		SEP - 9 1993	
Actual Prod During Test Oil - Bbls.			Water - Bbls.			Gas - MCF			
Actual Prod. During Test Oil - Bbls.		Water - Dois.			0	L CON	DIV.		
GAS WELL							DIST.	3	
Actual Prod. Test - MCF/D	Length of Test	Length of Test Tubing Pressure (Shut-in)		Bbls. Condensate/MMCF  Casing Pressure (Shut-in)		Gravity of Con	densate		
	Tubing Pressure (S					Choke Size	***************************************		
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)		Cashing 11000011 (Silver Silver)							
VI. OPERATOR CERTI	FICATE OF C	OMPLL	ANCE						
I hereby certify that the rules and re-	gulations of the Oil Cons	ervation Divis	tion have		OIL CONS	ERVATIO	)N DIVISI	ON	
been complied with and that the info	ete to the			SEP - 9 1993					
best of my knowledge and belief.				Date A	pproved	J_1	- 0 1000		
						7 \			
Signature				Ву	By Jil Charl				
Bill Brightman Production			Assistant		SUPERVISOR DISTRICT 13			T #3	
Printed Name Title			50	Title					
8/18/93		05-326-97							
Date	1	elephone l	NU.						

This form is to be filed in compliance with Rule 1104 INSTRUCTIONS:

- 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.