

P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Grande Rd., Azusa, NM 87410

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Form

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
MERIDIAN OIL INC. Well API No. _____

Address
P. O. Box 4289, Farmington, New Mexico 87499

Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of: ☐ Other (Please explain) _____
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☒ Changehead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator **Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-**
Effect 6/23/90

II. DESCRIPTION OF WELL AND LEASE

Lease Name **ALBRIGHT** Well No. **9** Pool Name, including Formation **ARMENTA GALLUP** Kind of Lease **State, Federal or Fee** Lease No. **SF077865**
Location **Unit Letter K : 1946** Feet From The **S** Line and **1762** Feet From The **W** _____
Section **22** Township **29N** Range **10W** **NMPM** **SAN JUAN** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil **Meridian Oil Inc.** ☒ or Condensate ☐ 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 Changehead Gas **Union Texas Petroleum Corp.** ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) **P.O. Box 2120, Houston, TX 77252-2120**
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 _____
Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____
RECEIVED JUL 3 1990

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____
Testing Method (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____
OIL CON. DIV. DIST. 3

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** Prod. Serv. Supervisor
Printed Name **6/15/90** Title **(505)326-9700**
Date Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved **JUL 03 1990**
By *[Signature]*
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.