Athenis 5 Copies
Appropriate District Office
DISTRICT 1
1.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

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

)|STRICT III 000 Rio Brazos Rd., Azzec, NM 87410

DISTRICT II
1.O. Drawer DD, Anonia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Meridian Oil	Inc.	30-045-28846		
PO Box 4289,	Farmington, NM 874	199	<del>-</del>	
meon(s) for Filing (Check proper box,		Other (Piease explain)		
w Well	Change in Transporter of:	Directiona	al D <b>r</b> ill Order	
completion	Oil Dry Gas	DD-69		
sange in Operator	Casinghead Gas . Condensate	]	ater for 2805592	
hange of operator give name				
address of previous operator		<del></del>	······································	
DESCRIPTION OF WELL	L AND LEASE	. 9		
		luding Formation 7/62 Kine	of Lesse Lease No.	
Howell C Com	1/2/ 300R Basin		SF-078580	
cation	822' from the No.	th line and 899' fro	om the East line-totaldep	
Unit Letter A			Feet From The East Line	
Use Later	POR FIGH 186		Total Inc	
Section 7 Towns	hip 30 Range	8 , NMPM, San Jua	an County	
. DESIGNATION OF TRA	NSPORTER OF OIL AND NAT	TURAL GAS		
ums of Authorized Transporter of Oil		Address (Give address to which approve	ed copy of this form is to be sent)	
Meridian Oil		PO Box 4289, Farm	nington, NM 87499	
ms of Authorized Transporter of Cas	inghead Gas or Dry Gas 🗀	Address (Give address to which approve	ed copy of this form is to be sent)	
Meridian Oil	Inc. 2805591	PO Box 4289, Farm	nington, NM 87499	
veli produces oil or liquids,	Unit Sec. Twp. R	ge. Is gas actually connected? Whe	na ?	
iocation of tanks.	A 7 30 8			
	at from any other lease or pool, give comm	ingling order number.		
COMPLETION DATA				
D :	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v	
Designate Type of Completio	1 1	X		
te Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
11-30-92	3-5-93	2604'MD;2432'TVD		
vations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
5978 <b>'</b> GL	Fruitland Coal	2624'predrilled		
formuces	50 00501 / 3 133		Depth Casing Shoe	
2624-66', 27	50-2960' (predrilled			
·	TUBING, CASING AN	ID CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4"	9 5/8"	333'	212 cf	
8 3/4"	7"	2604	976 cf	
6 1/4"	5 1/2"	2959 <b>'</b>	did not cmt	
	2 3/8"	2932'		
TEST DATA AND REQUI				
		ust be equal to or exceed top allowable for the Producing Method (Flow, pump, gas lift,		
e First New Oil Rua To Tank	Date of Test	Producing Method (Flow, pump, gas ly).	TO EGET VEIN	
4.7.	In the second se	Casing Pressure	Dioke Size	
again of Test	Tubing Pressure	Canag Freenic	MAR 3 0 1993	
Dad Dages Test	1011 PM	Water - Bbls.	Gas- MCF	
nual Prod. During Test	Oil - Bbis.	i vale - box	JIL CON. DIV.	
			DICT 9	
AS WELL			DIST. 3	
nual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
ting Method (puct, back pr.)	Tubing Pressure (Shut-m)	Casing Pressure (Shut-in)	Choke Size	
backpressure	519	978		
OPERATOR CERTIFI	CATE OF COMPLIANCE	011 00110771	/A=1011 = 11 // 01 0 4 .	
bereby certify that the rules and re		OIL CONSERV	ATION DIVISION	
Division have been complied with and that the information given above		[[		
is true and somplete to the best of my knowledge and belief.		Date Approved The	Date Approved	
A	4081		J	
Wight Stallfull of				
By By		- Chang		
Peggy Bradfield Reg.Rep.		·	Title SUPERVISOR DISTRICT #3	
Printed Name 3-27-93	<b>Title</b> 326 <b>–</b> 9700	Title SUPERVI	SUR DISTRICT #3	
Date	Telephone No.	-		
	Impos No.			

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.