

Submit 5 Copies  
 Appropriate District Office  
**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240  
**DISTRICT II**  
 P.O. Drawer DD, Artesia, NM 88210  
**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

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

**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)  Other (Please explain)  
 New Well  Change in Transporter of:  Oil  Dry Gas   
 Recompletion  Change in Operator  Casinghead Gas  Condensate   
 If change of operator give name and address of previous operator Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120 *Effect. 10/23/90*

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name ALBRIGHT "A" Well No. 1 Pool Name, including Formation AZTEC PICTURED CLIFFS Kind of Lease State, Federal or Fee Lease No. SF078198  
 Location  
 Unit Letter A : 990 Foot From The N Line and 990 Foot From The E Line  
 Section 25 Township 30N Range 11W , NMPM SAN JUAN County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
Meridian Oil Inc. 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 Casinghead Gas  or Dry Gas   
Sunterra Gas Gathering co. Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 26400, Albuquerque, NM 87125  
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rgn. 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.

**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)

**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 0 3 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.