

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 ☒ Effect. 6/23/90
Recompletion ☐ ☐ Chokehead Gas ☐ Condensate ☐
Change in Operator ☒
If change of operator give name and address of previous operator Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120

II. DESCRIPTION OF WELL AND LEASE

Lease Name: NORDHAUS Well No.: 6A Pool Name, including Formation: BLANCO MESAVERDE Kind of Lease: State, Federal or Fee: Lease No.: SF078508
Location
Unit Letter: D : 1100 Feet From The N Line and 990 Feet From The W Line
Section: 1 Township: 31N Range: 09W 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 Chokehead 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: Rgs: 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.
JUL 03 1990

GAS WELL

Actual Prod. Test - MCF/D: Length of Test: Bbls. Condensate/MMCF: Grd. MCF/Condensate
Testing Method (pilot, back pr.): Tubing Pressure (Shut-in): Casing Pressure (Shut-in): Choke Size

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.

Signature: Leslie Kahwajy
Printed Name: Leslie Kahwajy Title: Prod. Serv. Supervisor
Date: 6/15/90 Telephone No.: (505) 326-9700

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.