Submit 5 Copies
Appropriate District Office
DISTRICT I

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 P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Meridian Oil Inc. Address P. O. Box 4289, Farmington, NM 87499 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of:  $\square$ ☐ Dry Gas Effective 11/1/91 Recompletion Condensate Casinghead Gas Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, including Formation Kind of Lease Lease No. Lease Name 4A State, Federal or Fee Blanco Mesaverde SF078508 Nordhaus Location 1000 Feet From The South Line and 1520 East Feet From The Township 31N 9W , NMPM, San Juan County Section Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate  $\overline{X}$ Meridian Oil Inc. 0. Box 4289, Farmington, NM 87499 or Dry Gas 💢 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, NM 87413 Sunterra Gas Gathering When? Sec. If well produces oil or liquids, Unit Twp. Rge. Is gas actually connected? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Oil Well Gas Well New Well | Workover Plug Back | Same Res'v Diff Res v Designate Type of Completion - (X) Total Depth Date Spudded Date Compi. Ready to Prod. PRTD Top Oil/Gas Pay Elevations (DF. RKB, RT. GR. etc.) Name of Producing Formation Tubing Depth Performons Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE 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.)

Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date First New Oil Run To Tank Choke Size Canal Pressure Length of Test Tubing Pressure 4 Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. Ž., **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test was an infiltrament and man Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above OCT 3 1 1991 is true and complete to the best of my knowledge and belief. Date Approved Kahwa By\_ Signature Leslie Kahwajy Produčtión Analyst CUPSESSOR DISTRICT #9 Printed Name Title Title\_ 505-326-9700

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

10/31/91

- 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.

Telephone No.

- 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.