

Submit 5 Copies
Appropriate District Office
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

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Meridian Oil Inc. Well API No. _____
Address PO Box 4289, Farmington, NM 87499
Reason(s) for Filing (Check proper box) New Well Other (Please explain) _____
 Recompletion Change in Transporter of: Oil Dry Gas
 Change in Operator Casinghead Gas Condensate
If change of operator gives same address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grambling C Com Well No. 201 Pool Name, including Formation Basin Fruitland Coal Kind of Lease State, Federal or Fee Lease No. SF-078200A
Location Unit Letter K 2500 Feet From The South Line and 1470 Feet From The West Line
Section 12 Township 30N 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) PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company or Dry Gas Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit K Sec. 12 Twp. 30N Rge. 10W 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
		X	X					
Date Spudded <u>06-18-89</u>	Date Compl. Ready to Prod. <u>07-09-89</u>	Total Depth <u>3058'</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>6378' GL</u>	Name of Producing Formation <u>Fruitland Coal</u>	Top Oil/Gas Pay <u>2936'</u>	Tubing Depth <u>3045'</u>					
Performances <u>2936-53', 2978-83', 2987-89', 3040-56' w/4 spf</u>			Depth Casing Shoe _____					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE:	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>9 5/8"</u>		<u>240'</u>		<u>177 cu.ft.</u>			
<u>8 3/4"</u>	<u>5 1/2"</u>		<u>3058'</u>		<u>765 cu.ft.</u>			
	<u>2 3/8"</u>		<u>3045'</u>					

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 _____ Choke Size _____
Actual Prod. During Test Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____
JUL 21 1989

GAS WELL
Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (press. back pr.) backpressure Tubing Pressure (Shut-in) SI 414 Casing Pressure (Shut-in) SI 423 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.

Peggy Bradfield
Signature
Peggy Bradfield, Regulatory Affairs
Printed Name
7-31-89 326-9727
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 17 1989
By Original Signed by FRANK T. CHAVEZ
Title _____

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.