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State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Meridian Oil Inc.</u>	Well API No. <u>30-045-27963</u>
Address <u>PO Box 4289, Farmington, NM 87499</u>	
Reason(s) for Filing (Check proper box) New Well ☒ ☐ Other (Please explain) Recompletion ☐ Change in Transporter of: Change in Operator ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Rosa Unit</u>	Well No. <u>274</u>	Pool Name, including Formation <u>Basin Fruitland Coal</u>	Kind of Lease State, Federal, or Fee	Lease No. <u>SF-078766</u>
Location Unit Letter <u>B</u> : <u>790</u> Feet From The <u>North</u> Line and <u>2415</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>31</u> Range <u>6</u> , <u>NMPM</u> , <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4289, Farmington, NM 87499</u>					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>Northwest Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>3539 E. 30th, Farmington NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>16</u>	Twp. <u>31</u>	Rge. <u>6</u>	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 Recv	Diff Recv
		☒	☒					
Date Spudded <u>10-12-90</u>	Date Compl. Ready to Prod. <u>01-07-91</u>		Total Depth <u>3218'</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>6352' GL</u>	Name of Producing Formation <u>Fruitland Coal</u>		Top Oil/Gas Pay <u>3071'</u>		Tubing Depth <u>3174'</u>			
Performances <u>3071-77', 3082-94', 3104-11', 3134-38', 3158-64', 3172-74'</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>435'</u>		<u>380 cu.ft.</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>3218'</u>		<u>1269 cu.ft.</u>			
	<u>2 3/8"</u>		<u>3174'</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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pust. back pr.) <u>backpressure</u>	Tubing Pressure (Shut-in) <u>SI 1452</u>	Casing Pressure (Shut-in) <u>SI 1462</u>	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
Printed Name
1-22-91
Date
Reg. Affairs
Title
326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 19 1991

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #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) See Form C-104 must be filed for each well in multiple completion wells.