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Appropriate District Office
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P.O. Drawer DD, Artesia, NM 88210

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

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 Meridian Oil, Inc.		Well API No.
Address P.O. Box 4289, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box) New Well ☐ Other (Please explain) ☐ Recompletion ☐ Change in Transporter of: ☐ Dry Gas ☐ Change in Operator ☒ Casinghead Gas ☐ Condensate ☒ Effective 11/1/89		
If change of operator give name and address of previous operator Amoco Production Company, P.O. Box 800, Denver, Colo. 80201		

II-DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9 Unit	Well No. 68	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or <u>USA</u>	Lease No. SF 078504
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>24</u> Township <u>32N</u> Range <u>10W</u> , <u>NMPM</u> , San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Transportation, Inc.	or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, N.M. 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) P.O. Box 990, Farmington, N.M. 87499				
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 24	Twp. 32N	Rge. 10W	Is gas actually connected? yes	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)			
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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 Peggy Bradfield
Peggy Bradfield - Regulatory Affairs

Printed Name 10/28/89 (505) 326-9700 Title

Date 10/28/89 Telephone No.

OIL CONSERVATION DIVISION

Date Approved 3-11-89

By Supervisor
SUPERVISOR DISTRICT #3

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.