

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III  
1000 Rio Brazos 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

I. 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:  
Change in Operator  Oil  Dry Gas   
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. 21A Pool Name, Including Formation Blanco Mesa Verde Kind of Lease USA Lease No. SF 078389A  
Location  
Unit Letter F : 1750 Feet From The North Line and 1480 Feet From The West Line  
Section 11 Township 31N Range 10W, NMPM, San Juan County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
Meridian Oil Transportation, Inc. 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  or Dry Gas   
El Paso Natural Gas Company 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 F Sec. 11 Twp. 31N 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
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		

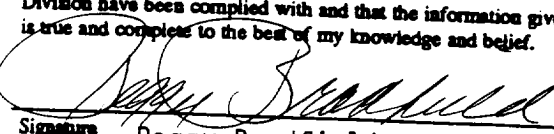
### V. TEST DATA AND REQUEST FOR ALLOWABLE

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 \_\_\_\_\_ 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 \_\_\_\_\_

### 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 Peggy Bradfield - Regulatory Affairs  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Date 10/28/89 (505) 326-9700 Telephone No. \_\_\_\_\_

OIL CONSERVATION DIVISION  
OCT 30 1989  
Date Approved \_\_\_\_\_  
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.

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