

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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OPERATOR	GAS
PROBATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
NOV 18 1985
Form C-104
Revised 10-01-78
Form 06-01-83

OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for listing (Check proper box)

☒ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	☒ Name Change
☐ Change in Ownership	☐ Casinghead Gas	☐ Dry Gas
	☐ Condensate	

If change of ownership give name and address of previous owner El Paso Explor. Co.

II. DESCRIPTION OF WELL AND LEASE

Lease Name EPNG A	Well No. 1A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State (Federal) or Fee	Lease NM 12013
Location Unit Letter <u>G</u> : <u>1840</u> Feet From The <u>North</u> Line and <u>1830</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>32N</u> Range <u>6W</u> , NMPM, San Juan Cou				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : <u>G</u> Sec. : <u>21</u> Twp. : <u>32N</u> Rge. : <u>6W</u>
Is gas actually connected?	When
No	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Peggy Doak

(Signature)

Drilling Clerk

(Title)

11-15-85

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT 3

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multi-completed wells.

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'v.	Drill
			X	X					X
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
9-27-85	11-14-85		6023'			6004'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6398' GL	Blanco Mesa Verde		5398'			5966'			
Perforations						Depth Casing Shoe			
5720, 5731, 5748, 5755, 5762, 5779, 5831, 5839, 5881, 5888, 5921, 5936,						6023'			

Continued Perf's Listed Below

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	222'	153 cu ft
8 3/4"	7"	3485'	379 cu ft
6 1/4"	4 1/2"	6023'	468 cu ft
	2 3/8"	5966'	

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)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Begin of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	SI 7 Days		
Casing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
	SI 1101	SI 1133	

Continued Perf's:

5953, 5969, 5996 w/1 SPZ. 2nd stage 5398, 5431, 5467, 5472, 5544, 5574, 5598, 5603, 5608, 5613, 5618, 5623, 5628, 5636, 5649, 5657, 5662, 5667, 5672, 5677, 5689, 5690 w/1 SPZ.