STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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SANTA FE			
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V.1.G.1.			
LAND OFFICE			
TRANSPORTER	OIL	$\neg r$	
	GAS		
OPERATOR			
PROBATION OF	ICE		

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

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

Separate Forms C-104 must be filed for each pool in multiply

Drilling Clerk (Signature) well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS CAL CON. DIV.
Recording for filing (Check proper bas) New Well Change in Transporter of Oil Dry Gas Condensate	Operator	DIST. 9
PO Box 4289, Farmington, NM 87499 Research(s) for filing (Cheek proper box) Change in Transporter of; Dry Gas Change in Ownership Oil Castingheed Gas Condensate Condensate Condensate Change in Ownership give nerie and address of previous owner Recemplestion Oil Castingheed Gas Condensate Condensat	Meridian Oil Inc.	
Recompletion Change in Transporter of:	Address	
Change in Connership Change in Transporter of: Connership Condensate Cond	PO Box 4289, Farmington, NM 87499	
If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Lease Name Farming ton Com B 1E Basin Dakota (State) Federal of Feet From The Basin Dakota (State) Federal of Feet From The Lease No. Location 1550 Feet From The South Line and 1450 Feet From The Line and Section 36 Township 31N Range 13W NMPM, San Juan Country III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorities Transporter of Catanghead Cas Or Dry Cas Address (Give address to which approved copy of this form is to be sent) Meridian Oil Inc. Name of Authorities Transporter of Catanghead Cas Or Dry Cas Address (Give address to which approved copy of this form is to be sent) Meridian Oil Inc. Name of Authorities Transporter of Catanghead Cas Or Dry Cas Address (Give address to which approved copy of this form is to be sent) Meridian Oil Inc. Name of Authorities Transporter of Catanghead Cas Or Dry Cas Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499 If well produces oil or liquids. If well produces oil or liquids. J 36 31N 13W If this production is commingted with that from any other lease or pool, give commingting order number: NOTE: Complete Parts IV and V on reverse stide if necessary. VI. CERTIFICATE OF COMPLIANCE Interby 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. DEC 17 1987, 19 BYERVISOR DISTRICT IN E SUPERVISOR DISTRICT IN E TILLE SUPERVISOR DISTRICT IN E This form is to be filled out completely for allowable for a newly drilled or desperace wells. This form is to be filled out completely for allowable on new and recompleted wells.		Other (Please explain)
If change of ownership give name and address of previous owner II. DESCRIPTION OF WEIL AND LEASE Lease Name Farmington Com B IE Basin Dakota South Line and J 1550 Feet From The Line and 1450 Lease Feet From The Line and 1450 Meridian Of Transporter of Cill On Structure Transporter of Cill On South Meridian Oil Inc. Note of Authoritied Transporter of Calinghead Gas Feet From The PO Box 4289, Farmington, NM 87499 If well produces oil or liquids, give location of tons as the complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Directly credity that the rules and regulations of the Oil Conservation Division have been completed with and that the information given is true and complicate to the best of my knowledge and belief. December 16, 198 (Signature) December 16, 198 (Itie) All sections of this form use be filled out complicately for allowable on new and recompleted with ance that lace complicated wills. All sections of this form use be filled out complicately for allowable on new and recompleted wills. All sections of this form use be filled out completely for allowable on new and recompleted wills.		
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II. DESCRIPTION OF WELL AND LEASE Lease Name Farmington Com B IE Basin Dakota Store) Federal or Fee B-10405-61 Location Unit Letter J 1550 Feet From The South Line and Line and Line of Section 36 Township 31N Range 13W NMPM. San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of Casinghead Gas To Condensate Description Meridian Oil Inc. PO Box 4289, Farmington, NM 87499 Nome of Authorized Transporter of Casinghead Gas To Dry Gas E1 Paso Natural Gas Company III well produces oil or liquids. Jisse. Jisse. Twp. Res. Jiy Sac. Twp.	Change in Ownership Casinghedd Gas Ca	ondensate
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December 16, 1987 able on new and recompleted wells.	Drilling Clerk (Signature)	tests taken on the well in accordance with RULE 111.
	December 16, 198 ^(Tule)	able on new and recompleted wells.

Designate Type of Comple	etion - (X)	OII Mell	Gas Well	New Well	Motrovet	Deepen	Plug Back	Same Resty.	Diff. Res'y.	
Date Spudded	Date Compi	. Ready to Pr	<u>i</u>	Total Dept	<u></u>	<u> </u>	P.B.T.D.	<u> </u>	'	
09 -23- 87	10-18-87				7098			7091'		
Clevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
6000'GL Dakota				6808'			6941'			
Perforations 68081,681	0',6814',	6818',6	6831',6	835',68	338'.684	121.	Depth Castr	ng Shoe		
6846',6850',6854	',6858',6	862',68	366',68	70',687	741.6878	31.	7098	1		
6892',6895',6898	' w/1 spz	TUBING, C	ASING, AN	CEMENT	NG RECORE)				
HOLE SIZE		G & TUBIN	G SIZE		DEPTH SE	т	SA	CKS CEMEN	4T	
12 1/4"	8	5/8''		221'			177 c	u.ft.		
7 7/8"	4	1/2"		7098			2.085	cu.ft.		
	2	3/8''		6941'						
OIL WELL	ST FOR ALLO	WABLE (T	est must be a lie for this di	fler recovery	of total volum full 24 hours)				eed top allow	
7. TEST DATA AND REQUE OIL WELL Date First New Oil Run To Tanks		WABLE (T	est must be a lie for this de	fler recovery	of total volum				sed top allow-	
OIL WELL Date First New Oil Run To Tanks	ST FOR ALLO	WABLE (T	est must be a lie for this do	fler recovery	of total volum full 24 hours) Method (Flow,				eed top allow	
OIL WELL	ST FOR ALLO	WABLE (T	est must be a le for this de	fier recovery pth or be for Producing a	of total volum full 24 howe) Method (Flow,		ift, etc.j		sed top allow	
OIL WELL Date First New Oil Run To Tanks Length of Test	ST FOR ALLO Date of Tea Tubing Pree	WABLE (T	est must be a lie for this do	fier recovery pth or be for Producing a Casing Pres	of total volum full 24 howe) Method (Flow,		Choke Size		ed top allow	
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backpressure