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

State of New Mexico Energy, Minerals and Natural Resources Department

rm C-104 4 1-1-8

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No Meridian Oil Inc. Address PO Box 4289, Farmington, NM 87499 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: New Wall \square ☐ Dry Gas Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator IL DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. | Pool Name, including Formation State, Federal or Fee SF-078459B 123 Basin Fruitland Coal Allison Unit Location Feet From The South Line and 1850 Feet From The East 1015 Unit Letter O_ Line Range() 7W Section 09 , NMPM, San Juan County Township 32N III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil		or Condens	te X	Address (Give	e address to wi	uch approved	copy of this f	form is to be s	eni)
Meridian Oil Inc	:-			PO Bo	x 4289	, Farm	ington	NM 8	37499
Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent) 3535 E. 30th, Farmington, NM 87401							
Northwest Pipeli		-,,-						n. NM	87401
If well produces oil or liquids, give location of tanks.	Uzit O	Sec. 17	1 wp. Rge. 32N 07W	Is gas actually	y connected?	When			
If this production is commingled with that if IV. COMPLETION DATA	rom any ot	her lesse or po	ool, give comming	ling order aumi	ber:				
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res'v
Date Spudded	Date Compi. 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	<u> </u>						Depth Casir	ng Shoe	
		TUBING, C	CASING AND	CEMENTI	NG RECOR	D	·.		
HOLE SIZE CA		ASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
				1					
		-							
									<u> </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.) Producing Method (Flow, pump, gas lift, etc. D)

Length of Test	Tubing Pressure	DE TENE	Sur JUN 0 2 1989
Actual Prod. During Test	Oil - Bbls.	JAN1 7 1990	
GAS WELL		OIL CON DI	DIST 3
Actual Prod. Test - MCF/D	Length of Test	Bolk Condental MMCF DIST. ?	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VL OPERATOR CERTIFICATE OF COMPLIANCE

Date of Test

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

Date First New Oil Run To Tank

Date

is true and complete to the best of my to	sowiedge and ticlief.	
Lany Shad	Luca	
Signatur Peggy Bradfield	Regulatory	Affairs
Printed Name 0.6-0.1-89	71d	le

OIL CONSERVATION DIVISION

JAN 1 7 1990 Date Approved . By_

SUPERVISOR DISTRICT 13 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.

Telephone No.

- 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.