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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 El Paso Natural Gas Company <u>Meridian Oil</u> | Well API No. <u>30-045-27150</u> |
| Address P.O. Box 4289, Farmington, NM 87499 | |
| Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------|--|--|-------------------------|
| Lease Name Allison Unit | Well No. 128 | Pool Name, including Formation Basin Fruitland Coal | Kind of Lease State, Federal or Fee | Lease No. SF-078495B |
| Location Unit Letter <u>J</u> : <u>1705'</u> Feet From The <u>South</u> Line and <u>1715'</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>32 North</u> Range <u>7 West</u> , <u>NMPM</u> , <u>San Juan</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|-------------------|--------------------|-------------------|--|-------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Meridian Oil Inc.</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4289, Farmington, NM 87499</u> | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Meridian Oil Inc.</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4289, Farmington, NM 87499</u> | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit <u>J</u> | Sec. <u>15</u> | Twp. <u>32N</u> | Rgs. <u>7W</u> | Is gas actually connected? <input type="checkbox"/> | 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 |
| | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |
| Date Spudded <u>11-21-88</u> | Date Compl. Ready to Prod. <u>12-11-88</u> | | Total Depth <u>3506'</u> | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) <u>6839' GL</u> | Name of Producing Formation <u>Basin Frt. Coal</u> | | Top Oil/Gas Pay <u>Open Hole</u> | | Tubing Depth <u>3486'</u> | | | |
| Perforations <u>Open Hole Completion</u> | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| <u>12 1/4"</u> | <u>9 5/8"</u> | | <u>231'</u> | | <u>177 cf</u> | | | |
| <u>8 3/4"</u> | <u>7"</u> | | <u>3403'</u> | | <u>1080 cf</u> | | | |
| <u>6 1/4"</u> | <u>Open Hole</u> | | <u>3506'</u> | | | | | |
| | <u>2 3/8"</u> | | <u>3486'</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.)

| | | | |
|--------------------------------|-----------------|---|-----------------------------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| | | Casing Pressure | Choke Size <u>FEB 10 1989</u> |
| Length of Test | Tubing Pressure | Water - Bbls. | Gas - MCF <u>OIL CON. DIV.</u> |
| Actual Prod. During Test | Oil - Bbls. | | <u>DIST. 3</u> |

GAS WELL

| | | | |
|--|--|--|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) <u>Back Pressure</u> | Tubing Pressure (Shut-in) <u>SI-440</u> | Casing Pressure (Shut-in) <u>SI-861</u> | 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
January 26, 1989 Title
(505) 326-9727
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 10 1989

By Original Signed by FRANK T. CHAVEZ

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.