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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II

I.

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator Meridian Oil Inc.					Well API No. 30-039-2287300				
Address P.O. Box 4289, I	Farmington N	Jew Mexico	87499						
Reason(s) for Filing (Check proper box)	<u></u>	······································			Other (Please	explain)	~		
New Well	Change in Transporter of:								
Recompletion	Oil Dry Gas								
Change in Operator X	Casinghead Gas Condensate			X					
If shapes of appeter sine name						······································		······································	
If change of operator give name and address of previous operator		oducing, Inc.	P O Bo	x 3178 N	Midland T	X 79702-3	178		
II. DESCRIPTION OF W	ELL AND	LEASE		7 5 1 7 0, 1	viidiuiid, i	11 10102-5		•	
ease Name Well No.		Pool Name, Including Formation		Kind of Lease		11 -	Lease No.		
Ruddock Location	7A	Blanco Mesa	verde		State, [Federal], or Fee SI		SF080566		
Unit Letter H	1990	Feet form the	North	Line and	1100	Feet From The	East	Line	
Section 3	Township	25N	Range	3W	,NMPM, Rio Arriba County				
III. DESIGNATION OF	TRANSPOR	TER OF O	IL AND N	ATURA	L GAS	***************************************	***************************************	***************************************	
Name of Authorized Transporter of Oil X or Condensate				Address (Give address to which approved copy of this form to be sent)					
Meridian Oil Inc.		*******************************	X	P.O. Box 4289, Far		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Name of Authorized Transporter of Casin EPNG	ghead Gas	X or Dry Gas			e address to which approved copy of 4990, Farmington, NM 874				
If well produces oil or	i Unit	Sec.	Twp.	Rge.	Is gas actually connected? When?		***************************************		
liquius, give location of tanks.	H	1 3	1 25N	3W	<u> </u>			*	
If this production is commingled with that		e or pool, give com	mingling order i	number:		***************************************	*****************		
IV. COMPLETION DAT	A Oil Well	3 Gas Well	N 137.11	1771		*			
Designate Type of Completion - (X) Date Spudded Date Comp	pl. Ready to Prod.	}	New Well Total Depth	i Workover	Deepen	Plug Back P.B.T.D.	Same Res'v	Diff Res'v	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay Tu		Tubing Depth	Fubing Depth		
Perforations			*************		*************	Depth Casing She	oe	***************************************	
	TUB	TUBING, CASING AND CEM			ENTING RECORD				
HOLE SIZE	CA	CASING & TUBING SIZE		DEPTH SET		***************************************	S	ACKS CEMENT	
			************************		4-			***************************************	
V. TEST DATA AND RE	-			and to a all a		, , ,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Date First New Oil Run To Tank	Date of Test	y toda on a must o	Producing Met	hod (Flow, pu	mp, gas lift, etc.) Januar Julia.	C4 MOURS.)		
		***************************************				MAR 0 3 1994			
Length of Test	Tubing Pressu	Tubing Pressure		Casing Pressure Choke Size		•			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		<u> </u>	Gas - MCF	L CON.		
				***************	******		DIST.	3	
GAS WELL Actual Prod. Test - MCF/D	Length of Test		IDhla Candana	**************************************	······································				
Actual Flod. Test - MCI/D	Lengui of Test	•	Bbls. Condensa	ue/MMCr		Gravity of Conde	msate		
Testing Method (pitot, back pr.)	ck pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTI	FICATE OF	COMPLIA	NCE]				***********	
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				OIL CONSERVATION DIVISION					
best of my knowledge and belief.				Date Approved MAD - 3 1991					
Signature		***************************************	***************************************	D	กเสด	INAL SIGNED	BY ERNIE BU	SCH.	
Bill Brightman Production Assistant				Ву			-		
Printed Name Title				Title	nemita an	n kira anginak.	eng neet as		
12/21/93 505-326-9752					LOCKULY (JIL.)	e cas morn	LUTE, VIST, 春夕		
Date Telephone No.									

- NSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompained 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.
- .) Separate Form C-104 must be filed for each pool in multiply completed wells.