Submit 5 Copies App. opriate District Office **DISTRICT I** 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

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

accordance with Rule 111.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oi	Inc					Well API No.			
Address	1110.	***************************************		*******		1 200	95245	21	
P.O. Box 42	89, Farm	ington, l	New Mexico	87499					
Reason(s) for Filing (Check proper	box)	<u> </u>				Other (Pleas	e explain)		
New Well	_	Change in Transporter of			f				
Recompletion	= (Oil Dry Gas		[X]	Effective	Date 2-1-94			
Change in Operator X	_	Casinghea	d Gos	-					
	-	Lasinghea	u Gas	Condensat	e				
If change of operator give	name			***************************************	******************************				
and address of previous op		P & P Pr	oduction In	· PO Po	v 2170 N	Calonal T.	70700	2150	
II. DESCRIPTION C		LAND	LEASE	о., т.О. <u>В</u> О	X 3176, IV	ndiand, 16	exas 79702-	31/8	
Lease Name		Vell No.		uding Formation		Kind of Lease			*****
Federal 34		43 Lybrook Gal			State, Eede			Lease No. NM 20305	
Location	·····	***************************************		<u> </u>		istate, were	rayor ree	NM 20303)
Unit Letter	I	1760	Feet form the	South	Line and	940	Feet From The	East	Line
Section		ownship	27 North	Range	8 West	,NMPM,		San Juan	County
III. DESIGNATION	OF TRA	NSPOR	TER OF C	IL AND N	ATURA	L GAS		************	
Name of Authorized Transporter of	`Oil		or Condensate	X		**********	ich approved copy	of this form to h	ne sent)
Meridian Oil Inc					P.O. Box	4289, Farmington, NM 87499			
Name of Authorized Transporter of Casinghea		ad Gas X pr Dry Gas			Address (Giv	Address (Give address to which approved copy of this form to		oe sent)	
Sannon Energy Corp.					3934 FM 1960 West #2		240, Houston	on, TX 77068	
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When?	
	th that farm -	<u> </u>	139	24 1	i 8W		***************************************	<u> </u>	
If this production is commingled with IV. COMPLETION 1		ny otner teas	e or pool, give con	nmingling order	number:			*******	
TV. COMI LETION	JAIA	Oil Well	3 Gas Well	1 New Well	117 - 1-		***************************************	****************	
Designate Type of Completion - (X)	on wen) Gas Well	i New Well	i Workover	1 Deepen	Plug Back	Same Res'v	Diff Res'v
	Compl. Read	dy to Prod.	·	Total Depth	<u></u>		P.B.T.D.	<u></u>	:
Flavotions (DE DVD DT CD	·····	/							
Elevations (DF, RKB, RT, GR, etc) N	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
Perforations	<u>l.</u>		***************************************		<u> </u>	*************		***********	
		TURI	ING CASING	AND CEM	ENTING	DECODA	Depth Casing Sh	oe	***************************************
HOLE SIZE		TUBING, CASING AND CEM CASING & TUBING SIZE			*			·	
			SING & TODING	JUSTE		DEPTH SET		SACKS CEMENT	
V. TEST DATA AND	REOUI	EST FO	RALLOW	ARIF				<u> </u>	***************************************
OIL WEL (Test must be after a	ecovery of to	tal volume o	f load oil & must i	he equal to or en	reed ton allow	vahla for this de	M F.C	14 (our)	E ITA
Date First New Oil Run To Tank	D	ate of Test		Producing Met	hod (Flow, pur	np, gas lift, etc.	Ne de la	(4 (our)	
Length of Test			***************************************				u u		יעו
Excligation 10st	11	Tubing Pressure		Casing Pressure Water - Bbls.		Choke Size	FEB	-21994	
Actual Prod. During Test		il - Bbls.					Gas OH C	ANI-AI	\
									V
GAS WELL							L	IST. 3	****
Actual Prod. Test - MCF/D		ength of Test		Bbls. Condensate/MMCF		_	Gravity of Conde	nsate	
Testing Method (pitot, back pr.)	т.	ubing Pressur	(6)	Casing Pressure (Shut-in)					
prod back pr.)	11	uonig riessur	e (Snut-in)	Casing Pressur	e (Shut-in)		Choke Size		
VI. OPERATOR CEI	TIFICA	TF OF	COMPLIA	NCE	<u> </u>				***************************************
I hereby certify that the rules at	d regulations	of the Oil Co	onservation Division	On have		_			
been complied with and that the	information	given above	is true and comple	te to the	Ol	IL CONS	ERVATION	N DIVISIO	ON
best of my knowledge and belie	f.		-				EED A	0	
Mannon 41	h no	Bru			Date Appr	oved	FEB 0	z 1994	
Signature	11/10	ases	***************************************		D.		_	Λ	
Shannon McMorris			Production A	\ccictan+	Ву	8.	4) 6		······
Printed Name		Title		19919tall	Title	SUP	ERVIENS -	8	
2/1/94		505-326-9526			1100		ERVISOR D	STRICT	/-3
				-	•				
Date	*************	*********	Telephone No	D.					

1) Request for allowable for newly drilled or deepened well must be accompained by tabulation of deviation tests taken in

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

2) All sections of this form must be filled out for allowable on new and recompleted wells.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.