

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

I. Operator
MERIDIAN OIL INC. Well API No. _____

Address
P. O. Box 4289, Farmington, New Mexico 87499

Reason(s) for Filing (Check proper box)
 New Well Change in Transporter of: Other (Please explain)
 Recombination Oil Dry Gas
 Change in Operator Outhead Gas Condensate *Effec. 6-23-90*

If change of operator give name and address of previous operator
Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120

II. DESCRIPTION OF WELL AND LEASE

Lease Name **JICARILLA "H"** Well No. **9** Pool Name, including Formation **BLANCO MESAVERDE** Kind of Lease **C** Lease No. **103**

Location
Unit Letter **A** : **825** Foot From The **N** Line and **825** Foot From The **E** Line
Section **17** Township **26N** Range **04W** **NMPM** **RIO ARRIBA** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Meridian Oil Inc. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 4289, Farmington, NM 87499

Name of Authorized Transporter of Outhead Gas or Dry Gas
Gas Company of New Mexico Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1899, Bloomfield, NM 87413

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rgn. Is gas actually connected? 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 | DIT Res'v |
|-------------------------------------|-----------------------------|-------------------|--------------|----------|--------|-----------|------------|-----------|
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Psy | Tubing Depth | | | | | |
| Performances | | Depth Casing Shoe | | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| MOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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.) |
| Length of Test | Tubing Pressure | Casing Pressure |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gas - MCF |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | 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.

Leslie Kahwajy
Signature **Leslie Kahwajy** Prod. Serv. Supervisor
Printed Name
Date **6/15/90** Telephone No. **(505)326-9700**

OIL CONSERVATION DIVISION

Date Approved **JUL 03 1990**

By *[Signature]*
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.