

District I
 District II
 District III

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

Operator: **MERIDIAN OIL INC.** Well AP 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):
 Recompletion Oil Dry Gas Effect. 6/23/90
 Change in Operator Casinghead Gas Condensate

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 "J" | Well No. 19 | Pool Name, including Formation SOUTH BLANCO PC | Kind of Lease State, Federal or Foreign State | Lease No. C153 |
| Location Unit Letter L ; 1630 Feet From The S Line and 880 Feet From The W Line Section 36 Township 26N Range 05W , NMPM , RIO ARRIBA County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|---|
| Name of Authorized Transporter of Oil Meridian Oil Inc. <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | 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 Casinghead Gas Gas Company of New Mexico <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | 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? |

IV. COMPLETION DATA

| | | | | | | | | |
|--|-----------------------------|-------------------|----------|--------------|--------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Duff 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 Pay | | Tubing Depth | | | | |
| Performances | | Depth Casing Shoe | | | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE 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 | RECEIVED JUL 3 1990 |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | |

GAS WELL

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

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

OIL CONSERVATION DIVISION

Date Approved: **JUL 03 1990**

By: *[Signature]*
 Title: **SUPERVISOR DISTRICT 13**

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.