Submit 5 Copies
Appropriate 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

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 8750004-2088

**OIL CONSERVATION DIVISION** 

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

11								
Operator Meridian Oil Inc.				Well API No.				
Address P.O. Box 4289, Fa	rmington, New Mexico	87499						
Reason(s) for Filing (Check proper box)				Other (Please	e explain)			
New Well	Change in T	rancoartar at	£.		<b>-</b>			
		Change in Transporter of: Oil  Oil  Dry Gas						
Recompletion	Oil							
Change in Oprator	Casinghead Gas	Condensate	e	Effective 8	8/1/92			
If change of operator give name					***			
and address of previous operator	Mobil Producing TX	& NM Inc	Nine G	reenway P	laza Suite 2	700		
II. DESCRIPTION OF WELL AND LEASE Houston, Texas 77046								
Lease Name	Well No.   Pool Name, Including Formation			Kind of Lease	77040	Lease No.		
CHENEY FEDERAL B Location	1 GAVILAN I	-		State, Fede	raPor Fee	NM-046		
Unit Letter A Section 8	: 790 Feet From The	N	_Line and	990	Feet From The		Line	
	Township 26N	Range	2W	,NMPM,	RIO ARRIBA	<u> </u>	County	
III. DESIGNATION OF TR		IL AND N						
Name of Authorized Transporter of Oil MERIDIAN OIL INC	X			Address (Give address to which approved copy of this form to be sent) P.O. BOX 4289, FARMINGTON, NM 87499				
Name of Authorized Transporter of Casinghead Gas NORTHWEST PIPELINE			Address (Giv	e address to wh	s to which approved copy of this form to be sent)  O, SALT LAKE CITY, UT 84158-0900			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	Is gas actually		When ?	0700	
If this production is commingled with that from	m ontrother lands and a land	1 1 1	<u> </u>	L		l		
IV. COMPLETION DATA	if any other lease or pool, give com-	mingling order r	iumber:				<del></del>	
TV. COMPLETION DATA	. 03.11.11. 011.11	- <del></del>						
Designate Type of Completion - (X)	Oil Well Gas Well	New Well	Workover	l Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. I	Ready to Prod	Total Depth	1	! !	10000	! ! !		
Bute Compi. I	iceady to 110d.	Total Depui			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tubin		Tubing Depth	oing Depth		
Perforations				D to i d				
	TURING CASING	AND CEM	ENTING	DECORD	Depth Casing Sho	oe		
TUBING, CASING AND CEM HOLE SIZE CASING & TURING SIZE								
TIOCH SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMEN		CKS CEMENT	
V. TEST DATA AND REQU			<u> </u>					
OIL WEL (Test must be after recovery of Date First New Oil Run To Tank	of total volume of load oil & must b	e equal to or ex	ceed top allow	vable for this de	pth or be for full 2	24 hours.)		
Date First New Oil Run 10 Tank	Date of Test	Producing Met	hod (Flow, pur	np, gas lift, etc.)				
Length of Test	Tubing Pressure							
g	Tubing Fressure	Casing Pressure		Choke Size			F. 3	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		Gas - MCF				
					- MCF		<b></b>	
GAS WELL	<u> </u>	1			- 100	1132	·	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensa	ite/MMCF		Gravity of Conder	nsate		
				•				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure	ing Pressure (Shut-in)		Choke Size		7	
						اقت د		
VI. OPERATOR CERTIFIC	CATE OF COMPLIA	NCE			<u> </u>			
I hereby certify that the rules and regulati				II CONSI	FDVATION	INDUCIO	A.T	
been complied with and that the information given above is true and complete to the			OIL CONSERVATION DIVISION					
best of my knowledge and belief.			AUG 0 6 1992					
Loslin Lahum III			Date Approved					
Signature	SUULINA		_	-	<b>-</b>	$\sim$	,	
Signature			Ву		BL)	( Chang		
eslie Kahwajy Production Analyst		alyst		Title SUPERVISOR DISTRICT 1/3				
Printed Name Title			Title			1 F 2		
7/31/92 505-326-9700				-				
Date	Telephone No	).						

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