Submit 5 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.: 30-039-25310

Address: PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box)

- New Well [X]
- Recompletion [ ]
- Change in Operator [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain) [ ]

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Jicarilla 98 7167	5A	Blanco Mesa Verde 72319		Jic.Cont 98

Location

Unit Letter E : 1495 Feet From The North Line and 880 Feet From The West Line

Section 20 Township 26 Range 3 NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc. 280761	PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Williams Services 280213	Bloomfield, NM 87413

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	E	20	26	3		

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 923

IV. COMPLETION DATA (CTV. 280761 4)

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		x	x					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-11-93	12-05-93	6460'	

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
7094'	Mesa Verde	5446'	6270'

Perforations	Depth Casing Shoe
5446-6279'	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	223'	240 cu.ft.
8 3/4"	7"	4145'	1174 cu.ft.
6 1/4"	4 1/2"	3983- 6460'	507 cu.ft.
	2 3/8"	6270'	

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**	**Choke Size**
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**

RECEIVED
MAR 11 1994
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
260	3 hrs		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
backpressure	164	641	3/4"

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.

Peggy Bradfield

Signature

Peggy Bradfield Regulatory Rep.

Printed Name — Title

03-07-94 — 326-9700

Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 28 1994

Original Signed by CHARLES GHOLSON

By

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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

1) Request for allowable for newly drilled or deepened well must be accompanied 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

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Casinghead Gas [ ] Condensate [ ]

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II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal) or Fee	Lease No.
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Location

Unit Letter E : 1495 Feet From The North Line and 880 Feet From The West Line

Section 20 Township 26 Range 3 NMPM, Rio Arriba County

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Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
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Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	**Address (Give address to which approved copy of this form is to be sent)**
Williams Services	Bloomfield, NM 87413

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	E	20	26	3		

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 923

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-11-93	12-05-93	6460'	

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
7094'	Pictured Cliffs	3776'	6270'

Perforations	Depth Casing Shoe
3776-4770'	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	223'	240 cu.ft.
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Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**

RECEIVED
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DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
275	3 hrs		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
backpressure	164	641	3/4"

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.

Peggy Bradfield
Signature

Peggy Bradfield Regulatory Rep.
Printed Name / Title

03-07-94
Date

326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 28 1994

By Original Signed by CHARLES GHOLSON

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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.