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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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 8750004-2088

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

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) | | <input checked="" type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: | WELL NAME CHANGED FROM JICARILLA E 3A. | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> | EFFECTIVE 8/1/92 |
| Change in Operator <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input checked="" type="checkbox"/> | |

If change of operator give name
and address of previous operator Mobil Producing TX & NM Inc., Nine Greenway Plaza, Suite 2700,

II. DESCRIPTION OF WELL AND LEASE

Houston, Texas 77046

| | | | | |
|----------------------------|----------------|--|--|----------------------------|
| Lease Name JICARILLA 89 | Well No. 3A | Pool Name, including Formation BLANCO MESAVERDE | Kind of Lease State, Federal or Fee | Lease No. JICARILLA 89 |
| Location | | | | |
| Unit Letter I | : 1650 | Feet From The S | Line and 1120 | Feet From The E |
| Section 15 | Township | 27N | Range 3W | County NMPM, RIO ARRIBA |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|--|------|------|----------------------------|--------|
| Name of Authorized Transporter of Oil MERIDIAN OIL INC | <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | 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 COMPANY | <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form to be sent) P.O. BOX 58900, SALT LAKE CITY, UT 84158-0900 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | 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 | Diff 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 | | |
| Perforations | | | | | | 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 & 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 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, 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.

| | | | |
|-----------------------------|--|-----------------------|--|
| Signature Leslie Kahwajy | | Production Analyst | |
| Printed Name 7/31/92 | | Title 505-326-9700 | |
| Date | | Telephone No. | |

OIL CONSERVATION DIVISION

| | |
|---------------|------------------------|
| Date Approved | AUG 06 1992 |
| By | |
| Title | SUPERVISOR DISTRICT 13 |

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, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.