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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.					·				
Operator Meridian Oil Inc.					Well API No. 30045,22873				
Address	***************************************			***************************************	1 007	10001			
P.O. Box 4289, F	armington, N	lew Mexico	87499						
Reason(s) for Filing (Check proper box)	,				Other (Please	explain)			
ew Well Change in Transporter of:					•				
Recompletion Oil Dry Gas					Effective Da	ate			
Change in Operator X	Casinghead	l Gas	Condensate						
If change of operator give name	Davidson & D	amalari Davialam	mont Co. D	O Pov 31	78 Midland	TX 79702			
and address of previous operator		arsley Develop	ment Co., F	.O. BOX 31	76, Milaid	, 121 / / / / / / / / / / / / / / / / / /		***************************************	
II. DESCRIPTION OF WELL AN Lease Name Well No					Kind of Lease		Lease No.		
Day H	2Ј	Fulcher Kutz	_		State, Federal or Fee		NMSF047039B		
Location	700		Mouth	7.	790	Feet From The	East	Line	
Unit Letter A Section 17	790 Township	Feet form the 28 North	North Range	Line and 10 West	,NMPM,	San Juan	County	NM	
	TRANSPOR			**********		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	
Name of Authorized Transporter of Oil	TRANSI ON	or Condensate				ich approved copy	of this form to	be sent)	
Name of Addiorized Transporter of On									
Name of Authorized Transporter of Casin	ghead Gas	pr Dry Gas	X	,	Address (Give address to which a			be sent)	
Sunterra Gas Gathering Co.			,		26400, Albuquerque, NM				
If well produces oil or	l Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When?		
liquids, give location of tanks. If this production is commingled with that	from any other lass	a or pool give com		l	1	***************************************			
IV. COMPLETION DAT		e or poor, give com	ininging order	number.		***	444400		
IV. COMILETION DAT	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)	1	1	<u>}</u>	<u>i</u>	<u>i</u>	; 155.555			
Date Spudded Date Com	ol. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ucing Formation	cing Formation Top Oil/Ga		Top Oil/Gas Pay Tubing Depth					
Perforations	TENY Y WE	TNC CACING	T AND CEN	ENTING	DECORD	Depth Casing Sl	hoe	•	
HOLE SIZE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	TUBING, CASING AND CEM CASING & TUBING SIZE			DEPTH SET		SACKS CEME		
NOLE SIZE									

V. TEST DATA AND RE	QUEST FO	R ALLOW	ABLE				- 10 - 10 - 10		
OIL WEL (Test must be after recove		of load oil & must	be equal to or ex	cceed top allo	wable for this d	lepth or be for full	24 hours.)		
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, p	ump, gas lift, etc	.)	1	V . 64 14 1	
Length of Test	Tubing Press	Tubing Pressure		Casing Pressure		Choke Size			
_						Gas - MCF	<u> </u>	3 33	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls. Water - Bbls.			Gas - M				
GAS WELL							E DES	Q O SAN	
		ength of Test Bbls. Condens			te/MMCF		Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		40 × 490, X2	
resting Method (phot, back pr.)	Tubing Fress	ruonig ressure (citat-ni)		Casing Pressure (Grat-in)					
VI. OPERATOR CERTI I hereby certify that the rules and rep					MI CONS	SERVATIO	N DIVIS	ION	
been complied with and that the info	rmation given abov	e is true and compl	ete to the			JEHRY MIIL	1/1/10		
best of my knowledge and belief.				Date Approved			May 1997		
Manon McMorriu Stgnature				_	By Original Monad by March 1. 116 to 3				
Shannon McMorris Production Assistan			Assistant						
Printed Name Title				Title SUPERVISOR DISTRICT # 3					
5/1/93 505-326-9526				4			4 - 1 4		
Date		Telephone N		1401				Automobilitation of the first of the first	
INSTRUCTIONS: This fo	rm is to be file	d in complian	ce with Rule	2 1104	ad bu 4abad	ation of design	tion tosts		

- 1) Request for allowable for newly drilled or deepened well must be accompained by tabulation of deviaccordance 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.