Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> 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

I.									
perator Meridian Oil Inc.					Well API No.				
Address P.O. Box 4289, Fa	rmington N	Jew Mexico	87499		*				
Reason(s) for Filing (Check proper box)	innigion, i	iew iviexieo	07 122		Other (Please	explain)			
New Well Change in Transporter of:					-	•			
Recompletion	X								
Change in Operator —	Casinghead	i Gas	Condensate						
If change of operator give name			***************************************						
and address of previous operator								***************************************	
II. DESCRIPTION OF WE Lease Name	Well No. Pool Name, Including Formation			:Kind of Lease			Lease No.		
Zachary	22	Otero Chacra	_		State, Feder	al or Fee	SF-080724A		
Location		10toro cinacia		**********	1				
Unit Letter B	950	Feet form the	North	Line and	1520	Feet From The	East	Line	
Section 33	Township	29 N	Range	10 W	,NMPM.		San Juan	County	
III. DESIGNATION OF T	RANSPOR	TER OF O	IL AND N	ATURA	L GAS				
· ! X !					Address (Give address to which approved copy of this form to be sent)				
Meridian Oil Inc.				P.O. Box 4289, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas or Dry Gas			X	ŧ	re address to which approved copy of this form to be sent) 4289, Farmington, NM 87499				
Meridian Oil Inc.				÷			· · · · · · · · · · · · · · · · · · ·	***************************************	
If well produces oil or	Unit B	Sec. 33	Twp. 29	Rge.	Is gas actually	connected?	When?		
liquids, give location of tanks.			·····		<u> </u>		1		
If this production is commingled with that fr IV. COMPLETION DATA		e or poor, give com	ininging order	number.				****	
IV. CONFLETION DATA	i Oil Well	≀ Gas Well	New Well	Workover	; Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)		1	1		!	!	1		
	Ready to Prod.		Total Depth			P.B.T.D.		•	
				Top Oil/Goo	Por	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay Tubing Depth					
Perforations						Depth Casing Sh	oe		
	TUB	ING, CASING	AND CEM	ENTING	RECORD			***************************************	
HOLE SIZE CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT	

V. TEST DATA AND REC	UEST FO	R ALLOWA	ABLE						
OIL WEL (Test must be after recovery	of total volume (of load oil & must b					24 hours.)		
Date First New Oil Run To Tank Date of Test Producing N				thod (Flow, pu	ımp, gas lift, etc.			AFIM	
Length of Test	Tubing Pressu	ura	Casing Pressur	·e	Choke Size		, f. (17) p	 1U)	
Length of Test Tubing Tes				Chore bize		uu c	SEP - 9 1993		
Actual Prod. During Test Oil - Bbls.		Water - Bbls.		······································		Gas - MCF			
							CON	DIM	
GAS WELL							DIST :	<u> </u>	
Actual Prod. Test - MCF/D	Length of Test	Length of Test		Bbls. Condensate/MMCF		Gravity of Cond	ensate		
Testing Method (pitot, back pr.)	Tubing Pressu	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	A Company of the Company		
g (prod care pro)		(*******************			
VI. OPERATOR CERTIF									
I hereby certify that the rules and regulations of the Oil Conservation Division have				OIL CONSERVATION DIVISION					
been complied with and that the information given above is true and complete to the best of my knowledge and belief.				050 04000					
A. A. A.				Date Apr	Date Approved SEP - 9 1993				
BUBAL-							Λ		
Signature				By		د د د	Then!		
Bill Brightman Production Assistant				1	Title SUPERVISOR DISTRICT #3				
Printed Name Title				Title		PILEU VIZOR	UISTRICT	#3	
8/18/93 505-326-9752									
Date Telephone No.				i					

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.