Sulanit 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

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

**OIL CONSERVATION DIVISION** 

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.										
Operator Nanidian Oil In-					Well API No.		·····			
Meridian Oil Inc.					30-045-288	395				
P.O. Box 4289, Far	mington. New N	Aexico (	87499							
Reason(s) for Filing (Check proper box)			Other (Please explain)			<del></del>				
New Well	Change in Transporter of:			Change of Operator						
Recompletion	Oil Dry Gas			X	Effective Date					
Change in Operator	Casinghead Gas		Condensate			<del></del>	<del></del> ,			
If change of operator give name	······			1 -2-	90.7	1111	+++++++++++++++++++++++++++++++++++++++			
and address of previous operator				ialei	280	6960		***************************************		
II. DESCRIPTION OF WE			ding Formation		Kind of Lease		······································			
Shiotani Federal	1 3	ame, includ i Fruitlar	-		State Fede		Lease No. SF-068990			
Location	***************************************				1		101 000,70	***************************************		
Unit Letter H	*********	orm the	North	Line and	1055	Feet From The	East	Line		
III. DESIGNATION OF TR		North	Range	12 West	,NMPM,	***************************************	San Juan	County		
Name of Authorized Transporter of Oil		densate					- 641 :- 6 1	•		
Meridian Oil Inc.	2806	463	X	i		iich approved copy ington, New M		*		
Name of Authorized Transporter of Casinghe		Ory Gas	x	*********	*********	ich approved copy		*********		
El Paso Natural Gas Company	2806	466				ington, New M				
If well produces oil or	Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When?			
liquids, give location of tanks.	H	8	<del></del>			DIIC 001		***************************************		
If this production is commingled with that from IV. COMPLETION DATA	m any other lease or poo	i, give comr	ningling order n	umber:		DHC-901				
TV. COMILETION DATA	Oil Well G	as Well	New Well	Workover	Deepen	; Plug Back	. Same Res'v	Diff Res'v		
Designate Type of Completion - (X)	1 1		1		!	1	I I	i Din Res v		
Date Spudded Date Compl. F	Ready to Prod.		Total Depth			P.B.T.D.		***************************************		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	rmation		Top Oil/Gas	Pav	Tubing Depth		******		
				•						
Perforations				***************************************	***************************************	Depth Casing Sh	100			
HOLEGIZE	•••••••••••••••••••••••••••••••	*****	AND CEM	ENTING	***************************************			***************************************		
HOLE SIZE	CASING &	CASING & TUBING SIZ			ZE DEPTH SET			SACKS CEMENT		
			***************************************		******************************	•••••		***************************************		
V. TEST DATA AND REQ	UEST FOR AL	LOWA	ABLE							
OIL WEL (Test must be after recovery of				eed top allo	wable for this d	epth or be for full	24 hours 1	The State of the s		
Date First New Oil Run To Tank	Date of Test	***************************************	Producing Meth				4, 4, 4	• •		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	-	N 18 12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	<del>(1)</del>		
					Choke Bize		NOV 57	33		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		*************	Gas - MCF	I CON.	1311		
GAS WELL		***********			************************	2011	G S	<del>-</del>		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensa	te/MMCF	***************************************	Gravity of Cond	ensate			
					,					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	-in)	Casing Pressure	(Shut-in)	:	Choke Size				
VI. OPERATOR CERTIFIC	CATE OF CO	MPLIA	NCE	***************************************						
I hereby certify that the rules and regulat				o	IL CONS	ERVATIO	N DIVISIO	)N		
been complied with and that the informat best of my knowledge and belief.	tion given above is true a	na compiet	e to the							
1			:	Date App	roved	NOV 5	1993	***************************************		
Luanhlulan		****************		D			Λ .			
Signature Susan Dolan	Drad	nction A	egigtant	Ву	-3			***************************************		
Printed Name				Title	SUP	ERVISOR D	# TO!OT ₽	: a		
11/4/93		326-9510	)			DON D	<u> </u>	<u></u>		
Date	Teler	hone 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.

Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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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.												
Operator Meridian Oil Inc.				Well API No.	2.5							
Address				30-045-2889	<del></del>							
P.O. Box 4289, Farmington, New Mexico 87499												
Reason(s) for Filing (Check proper box)	50.5, 110.0, 1.20.200			Other (Please	explain)							
New Well	Change in Tr	ansporter of		Change of Operator								
Recompletion	Oil	X	Effective Date									
Change in Operator	Casinghead Gas	Dry Gas Condensate		Literate Da		<del></del>						
Change in Operator	Cashighead Gas	Condensate										
If change of operator give name		***************************************				***************************************						
and address of previous operator	***************************************	***********************		***************************************	***************************************							
II. DESCRIPTION OF WEI				4		***						
Lease Name Shiotani Federal	Well No. Pool Name, Inclu 500 Fulcher Kutz	-	fe	Kind of Lease— State, Feder	al or Eag	Lease No. SF-068990						
Location	1 300 prutener Kutz	I ictuica Cim		States Teuer	al of rec	31-008990						
Unit Letter H	1700 Feet form the	North	Line and	1055	Feet From The	East	Line					
Section 8	Township 29 North		12 West	,NMPM.		San Juan	County					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil	or Condensate	1 1 1			ch approved copy		sent)					
Meridian Oil Inc.  Name of Authorized Transporter of Casinghea	d Gas or Dry Gas		*****	Box 4289, Farmington, New Mexico 87499  (Give address to which approved copy of this form to be sent)								
El Paso Natural Gas Company	di Gas Di Di y Gas				ngton, New M		sent)					
If well produces oil or	Unit Sec.	Twp. i	Rge.	Is gas actually of	·- <del></del>	When ?	••••					
liquids, gi∨e location of tanks.	H ! 8	29	12									
If this production is commingled with that from	n any other lease or pool, give com	mingling order nu	ımber:		DHC-901	******						
IV. COMPLETION DATA				4	·····	4**** <u>**</u> ******************************						
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. R	eady to Prod.	Total Depth			P.B.T.D.	\$ ;						
	<del>17.1</del>			<u></u>		******						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas	Pay	Tubing Depth							
Perforations	1	<u>-</u>	***************************************		Depth Casing Sho							
	TUBING, CASING	AND CEMI	ENTING	RECORD	h							
HOLE SIZE	CASING & TUBING	SIZE	***************************************	DEPTH SET		SA	CKS CEMENT					
					<u></u>		***************************************					
V TEST DATA AND DEOL	IFST FOR ALLOW.	ADIE				}	***************************************					
V. TEST DATA AND REQUOIL WEL (Test must be after recovery o				u alida Kan disa da								
Date First New Oil Run To Tank	Date of Test			mp, gas lift, etc.)		(4 nours.)	· ecus					
			<u> </u>	·	IU)		ij li					
Length of Test	Tubing Pressure	Casing Pressure		Choke Size			7					
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		<u> </u>	Gas - MCF	<del>V - &gt; 1063</del>	***					
					OH C	agent of a second	C					
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensat	-/MACE		(C	Service Committee						
Actual Flou. Test - MC17D	Lengur or Test	Buis. Condensat	e/MMCF	•	Gravity of Conde	nsau; .						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure	(Shut-in)	••••••	Choke Size							
			•••••	*******************************			******************					
VI. OPERATOR CERTIFIC												
I hereby certify that the rules and regulati been complied with and that the informat		· · · · · · · · · · · · · · · · · · ·	0	IL CONS	ERVATION	N DIVISIO	N					
best of my knowledge and belief.				NOV	5.1993							
Dal-			Date App	roved	***************************************							
Signature JOIA	***************************************		By	ユ	100 C	1						
Susan Dolan	-						***************************************					
Printed Name Title			Title	501	PERVISOR [	DISTRICT	9					
11/4/93	505-326-9510											
Date	Telephone No	0.										

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