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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**

Operator <u>Meridian Oil Inc.</u>		Well API No. <u>30-039-24951</u>
Address <u>PO Box 4289, Farmington, NM 87499</u>		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☒	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐	Condensate ☐
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Rosa Unit</u>	Well No. <u>336</u>	Pool Name, including Formation <u>Basin Fruitland Coal</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF-078763</u>
Location				
Unit Letter <u>B</u>	<u>915</u>	Feet From The <u>North</u> Line and <u>2025</u>	Feet From The <u>East</u> Line	
Section <u>8</u>	Township <u>31</u>	Range <u>5</u>	NMPM, <u>Rio Arriba</u>	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)					
<u>Meridian Oil Inc.</u>	<u>PO Box 4289, Farmington, NM 87499</u>					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
<u>Meridian Oil Inc.</u>	<u>PO Box 4289, Farmington, NM 87499</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	<u>B</u>	<u>8</u>	<u>31</u>	<u>5</u>		
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
		<u>X</u>	<u>X</u>					
Date Spudded <u>10-06-90</u>	Date Compl. Ready to Prod. <u>12-03-90</u>		Total Depth <u>3162'</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>6349' GL</u>	Name of Producing Formation <u>Fruitland Coal</u>		Top Oil/Gas Pay <u>2987'</u>		Tubing Depth <u>3126'</u>			
Performances <u>2987-3159' (predrilled liner)</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>9 5/8"</u>		<u>357'</u>		<u>330 cu.ft.</u>			
<u>8 3/4"</u>	<u>7"</u>		<u>2976'</u>		<u>1074 cu.ft.</u>			
<u>6 1/4"</u>	<u>5 1/2"</u>		<u>3161'</u>		<u>did not cmt</u>			
	<u>2 3/8"</u>		<u>3126'</u>					

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	Production (Oil, Gas, Water, etc.)
		<u>Oil, Gas, Water</u>
Length of Test	Tubing Pressure	Casing Pressure
		<u>JAN 4 1991</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		<u>OIL CON. DIST. 3</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (press. back pr.) <u>backpressure</u>	Tubing Pressure (Shut-in) <u>SI 645</u>	Casing Pressure (Shut-in) <u>SI 1525</u>	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.

Perry Bradfield
Signature
Perry Bradfield
Printed Name
1-10-91
Date
Reg. Affairs
Title
326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 15 1991
By Original Signed by CHARLES GHULSON
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, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.