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

I.								
Operator				Well API No.	~ -	- 9 /- ·	1 /	
Meridian Oil Inc.	***************************************			<u> </u>	JC-6.5	9-350,	<u> </u>	
Address P.O. Box 4289, Farmington, New Mexico 87499								
Reason(s) for Filing (Check proper box) Other (Please explain)								
New Well	Change in 1	France orton of			<i></i>			
Recompletion	Oil	Dry Gas						
Change in Operator	Casinghead Gas	Condensate						
If change of operator give name								
and address of previous operator								
II. DESCRIPTION OF WEI	LL AND LEASE		•••••••••••••••••••••••••••••••••••••••		•••••••••••	·····		
Lease Name	Well No. Pool Name, Inc	luding Formation		Kind of Lease		Lease No.		
Rosa Unit Location	306 Basin Fruit	land Coal		State, Federal or Fee		SF-078893		
Unit Letter M	375 Feet form the	South	Line and	1125	Feet From The	West Line		
Section 22	Township 31N	Range	4W	,NMPM,	rectifold the	Rio Arriba Cou		
III. DESIGNATION OF TR	**************************************		***************************************		****			
Meridian Oil Inc.	481115	X	P.O. Box 4289, Farmington, NM 87				ĺ	
Name of Authorized Transporter of Casinghea	d Gas or Dry Gas	X	Address (Give address to which approved copy of this form to be sent)					
Associated Natural Gas Inc.	<u> </u>		.		900, Denver C	7		
If well produces oil or	Unit Sec.	Twp.	Rge.	Is gas actually c	onnected?	When ?		
liquids, give location of tanks. If this production is commingled with that from	·····	i 31N		1				
IV. COMPLETION DATA	281117	mining order i	namoer.	•				
	i Oil Well i Gas Well	New Well	i Workover	; Deepen i	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)	i	{ 	!	· · · · · · · · · · · · · · · · · · ·		i 		
Date Spudded Date Compl. R	eady 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 & TO		G SIZE		DEPTH SET		SACKS CEMENT		
V. TEST DATA AND REQUEST FOR ALLOWABLE								
OIL WEL (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)								
				ımp, gas lift, etc.)			177	
Length of Test	Tubing Pressure	Casing Pressur		Choke Size	18	المنت التا التا التا		
Tuonig I result		Casing Hessur	Cloke of		JUL1 9 1993.			
Actual Prod. During Test Oil - Bbls.		Water - Bbls.	****************		Gas - MCF			
CACAMBIL					OILC	ON. DIV	4	
GAS WELL Actual Prod. Test - MCF/D Length of Test		Bbls Condens	Bbls. Condensate/MMCF		Gravity of Condensate			
	Longui of Test	Bois. Condeils	Bois. Condensate Mivier		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressur	Casing Pressure (Shut-in)		Choke Size			
	<u> </u>		Υ		******		***************************************	
VI. OPERATOR CERTIFIC								
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				OIL CONSERVATION DIVISION				
best of my knowledge and belief.				JUL 1 9 1993				
Bill Buil								
Signature			By	By Bir) Chang				
Bill Brightman Production Assistant				SUPERVISOR DISTRICT #3				
Printed Name Title			Title	***********************				
7/19/93 505-326-9752			1					
Date	Telephone	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.