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 Instruction

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Meridian Oil Inc.					30-045- 10471		
Address PO Box 4289, Far Resson(s) for Filing (Check proper box)	mington, N	M 87499	Other (Pl	ease explain)	n) EC	EIVE	
New Well Recompletion	Oil 🔲	Transporter of: Dry Ges			APR	2 6 1991	
Change in Operator I change of operator give name	Casinghead Gas	Condensate		· · · · · · · · · · · · · · · · · · ·		ON. DIV	
DIST. 3							
L DESCRIPTION OF WELL.		Pool Name, Include	na Ecometica		Kind of Lease	Lease No.	
Sunray G	1	Blanco P	ictured C	liffs	State, Federal or Fe		
Location N Unit LetterN	990	Feet From The	outh Line and	1650	Feet From The	West Line	
Section 21 Township	31	Range 9	, NMPM,	San 3	Juan	County	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil Meridian Oil Inc	or Conde	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499					
Name of Authorized Transporter of Casing	DO Do			dress to which approved copy of this form is to be sent) 1990, Farmington, NM 87499			
El Paso Natural If well produces oil or liquids, give location of tanks.			Is gas actually con		When?	NH 67499	
f this production is commingled with that from any other lease or pool, give commingling order number:							
V. COMPLETION DATA	loa w.u	C W-H	Non Well We	-t F	Dance Mars Back	Ican party bigging	
Designate Type of Completion	· (X) Oil Well	Gas Well	New Well Wo	ekover [Deepen Plug Back X	Same Res'v Diff Res'v	
Date Spudded	Date Compi. Ready to	Prod.	Total Depth		P.B.T.D.		
02-17-54 Elevations (DF, RKB, RT, GR, etc.)	A=5-91 Name of Producing Formation		Top Oil/Gas Pay			3151 Tubing Depth	
6187 GL	Pictured	3040 *		308	3089 * Depth Casing Shoe		
3040-51', 3054-6	2', 3064-7	0'. 3073 <u>-</u> 9	0' w/2 s	of DECORD			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT	
HOLE SIZE	9 5/8"		172'			125 sx	
	7"		4751			500 sx	
	2 3/8	11	3089 '	3089'			
7. TEST DATA AND REQUES OIL WELL Test must be after re	T FOR ALLOW		be equal to or exces	ed top allowab	le for this depth or be	for full 24 hours.)	
Oute First New Oil Run To Tank	Date of Test	<u> </u>	Producing Method (Flow, pump, gas lift, etc.)				
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF	Gas- MCF	
GAS WELL							
Actual Prod. Test - MCF/D	Leagth of Test 3 hrs		Bbls. Condensus/MMCF		Gravity of	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in) 5 4 8		Casing Pressure (Shut-in)		Choke Size		
backpressure			560		3/4"		
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved MAY 1 6 1991				
Seary Stratefield			By Original Signed by FRANK T. CHAPEZ				
Peggy Bradfield Reg.Affairs Printed Name Title			Title SUPERVISOR DISTRICT # 3				
4-25-91 Date	326-9 Tele		1100				
	A COLUMN TO THE REAL PROPERTY OF THE PARTY O		!!				

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.
- Fill out only Sections I. II. III. and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.