

11-6-96

Requested flat
from Nancy so
we can add
this SI zone
to system.

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Water 1523550
P30

I. Operator: MERIDIAN OIL INC. Well APN No. _____
 Address: P. O. Box 4289, Farmington, New Mexico 87499
 Reason(s) for Filing (Check proper box):
 New Well Other (Please explain)
 Recompletion Change in Transporter of: Oil Dry Gas
 Change in Operator Casinghead Gas Condensate Effect 6/23/90
 If change of operator give name and address of previous operator: Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: McCORD Well No. 10E Pool Name, including Formation: BASIN DAKOTA Kind of Lease: State, Federal or Fee Lease No. SF078214
 Location: Unit Letter F : 1864 Feet From The N Line and 1447 Feet From The W Line
 Section 33 Township 30N Range 13W NMPM SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Meridian Oil Inc. 1533510 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
 Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company 1523530 Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87499
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rgs. Is gas actually connected? When?

IV. COMPLETION DATA
 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. Ready 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 & TUBING SIZE DEPTH SET SACKS CEMENT

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 Producing Method (Flow, pump, gas lift, etc.)
 Length of Test Tubing Pressure Casing Pressure
 Actual Prod. During Test Oil - Bbls. Water - Bbls.
 RECEIVED JUL 3 1990

GAS WELL OIL CON. DIV. DIST. 3
 Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF
 Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 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.
 Signature: Leslie Kahwajy
 Printed Name: Leslie Kahwajy Prod. Serv. Supervisor
 Date: 6/15/90 Title: (505)326-9700 Telephone No.

OIL CONSERVATION DIVISION
 Date Approved: JUL 03 1990
 By: [Signature]
 Title: SUPERVISOR DISTRICT #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.