Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.		OR ALLOWA						
Operator Meridian Oil,	TO TRANSPORT OIL AND NATUR				Well API No.			
Address								
P.O. Box 4289 Reason(s) for Filing (Check proper box)), Farmington.	New Mexic						
New Well	Change is	Transporter of:	U Othe	t (Please expl	ain)			
Recompletion	Oil 🗆	Dry Gas						
Change in Operator X	Casinghead Gas	Condensate X		ve 11/1,				
	oco Production	Company,	P.O. Box	800 Dei	nver. Co	olo. 802	01	
IL-DESCRIPTION OF WELL Lesse Name		Pool Name, Includ	ing Engarding		V: 4	of Lessa USA		
San Juan 32-9 Unit	45	-			Federal or Fee SF 078389A			
Location Unit Letter	. 1068	- - S	outh		968 _		WEst	
10		Feet From The S	Line	and	Fe	et From The _	WEST	Line
Section 12 Townshi	i p 31N	Range 10W	, NM	грм, Sa	n Juan	· · · · · · · · · · · · · · · · · · ·		County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil								
Meridian Oil Transportation, Inc.			Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, N.M. 87499					
Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas C If well produces oil or liquids,			P.O. Box 990, Farming			ton. N.M. 87499		
give location of tanks.	M 12	31N 10W	ves		Whea	?		
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	ing order numbe	ar				
	Oil Well	Gas Well	New Well	Workover	Doepen	Plug Back S	ame Res'v	Diff Res'v
Designate Type of Completion Date Spudded	- (X) Date Compt. Ready to	Prod	Total Depth			<u> </u>		L
						P.B.T.D.		
Elevanous (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
	CTI							
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			:		-	
V. TEST DATA AND REQUES	T FOR ALL OW	DIE						
OIL WELL (Test must be after re	ecovery of total volume of		be equal to or ex	tceed top allo	wable 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			Choke Size		
Actual Prod. During Test	0.1		714 . Di a			A		
,	Prod. During Test Oil - Bbls.		Water - Bbis.			Gas- MCF	100	
GAS WELL						Car 1		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
A COMPANY								
I pereph certify that the rules and regular			آن ن	IL GUIN	Denve	CHUNNIJ	WiSiOn	. — u
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION OCT 3 0 1989					
A + A + A + A + A + A + A + A + A + A +			Date Approved					
Signature Paggy Pradfiel	By_ 3.1) day							
reggy braulier				PERWSOR	Z	T #3		
10/28/89 (505) 326-9700 ¹⁰⁶			Title					
Date								

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.