Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hubbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operation
P.O. BOX 800, DENVER, COLORADO 80201 Reason(1) for filing (Check proper box) New Well Recomplicion Oil Change is Operator Casinghead Gas Condensate If change of operator give name and address of protosologogerators II. DESCRIPTION OF WELL AND LEASE Lease Name NYE LS Mail No. Pool Name, lactuding Formation NYE LS Mail No. Pool Name, lactuding Formation NYE LS Location Until Letter O 10.80 Feet From The FSI Line and 15.90 Foot From The FEL Line Section 23 Township 31N Range 11W NoPPM, SAN JUAN County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate
Change in Operator Casinghead Gas Condensate Casinghead Gas Casinghead Gas Condensate Casinghead Gas Casing
Lase Name NYE LS Well No. Pool Name, lactuding Formation Kind of Lease Lase No.
Lease Name N
Lease Name N
Unit Letter
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil
Name of Authorized Transporter of Oil or Condensate Address (line databet) in which approved copy of this form is to be seen.) MERIDIAN OIL INC Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of this form is to be seen.) Address (line address to which approved copy of the seen.) Address (line address to which approved copy of the seen.) Address (line address to which approved copy of the seen.) Address (line address to which approved copy of the seen.) Address (line address to which approved copy of the seen.) Address (line address to which approved copy of the seen.) Address (line address to which approved copy of the seen.) Address (line address to which approved copy of the seen.) Address (line address to which approved copy of the seen.) Address (line address to which approved copy of the seen.) Address (line address to which approved
MERIDIAN OIL INC Name of Authorized Transporter of Casinghead Gas
EL PASO NATURAL GAS COMPANY If well products oil or liquids, Unit Soc. Twp. Rgc. Is gas actually connected? If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Conty-Iction - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Total Depth P.B.T.D. Total Depth Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET ALGE 3 1990 V. TEST DATA AND REQUISST 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 appear full 24 hours) Producing Method (Flow, pump, gas lift, etc.)
Designate Type of Controletion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv Diff Resv
Designate Type of Contriction - (X) Date Spudded Date Compt. Ready to Prod. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Fornation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET AUG 2 3 1990 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 altowable for this dynamatical parts of the state of th
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V. TEST DATA AND REQUEST FOR ALLOWING OF load oil and must be equal to or exceed top allowable for this agreement full 24 hours.) OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this agreement full 24 hours.) Producing Method (Flow, pump, gas lyft, etc.)
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Date First New Oil Rus To Tank Date of Test
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oit - Bbls. Water - Bbls. Gas- MCF
GAS WELL This Condense/MMCF Gravity of Condensate
Actual Prod. Test - MCI/D Length of Test
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 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
Willy Bu 3 A) Charles
Signature Uoug W. Whaley, Staff Admin. Supervisor Printed Name By Supervisor SUPERVISOR DISTRICT 13

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.