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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	REQUES TO	T FOR A	LLOWA PORT O	ABLE AN		OITASIF	N			
Operator Meridian O	n Oil, Inc.					Well API No.				
Address										
Reason(s) for Filing (Check proper	289, Farmingt	on, New	v Mexic	0 874	99					
New Well		ge in Transp	nates of:		Other (Please ex	plain)				
Recompletion	Oil	Dry G								
Change in Operator	Casinghead Gas	•		Effe	ctive 11/	1/89				
and address of blessions obetator —	Amoco Product	ion Com	pany,	P.O. B	ox 800. De	enver.	08 010	201	·	
IL-DESCRIPTION OF WI	ELL AND LEASE						2010. 00	201		
Lesse Name San Juan 32-9 Uni	Weii	Na. Pool N	lame, Includ	ding Former	ion	Kin	d of Lease US	A	Lease No.	
Location	L 11	0 61	anco P	icture	d Cliffs.	Sta	ie, Federal or Fe		8389A	
Unit Letter	:1560	Food Fr	mm The	South	Time and 8	300		West		
Section 12 Tow	anshin 31N				Line and		Feet From The	MEST	Line	
Seculog == Tox	waship 31N	Range	10W		, NMPM,	San Jua	ın		County	
III. DESIGNATION OF THE	RANSPORTER OF	OIL AN	D NATU	JRAL GA	S					
or remonteer transporter of (Ju ┌── orCo	ndensate	(XX)	Address (Give address to v	vhich approv	ed copy of this f	orm is to be s	ent)	
Meridian Oil Transportation. Inc. Jame of Authorized Transporter of Casinghead Gas or Dry Gas X					<u>Box 4289,</u>	, Farmir	iaton. N.	M. 874	99	
<u>El Paso Natural Gas</u>	Company		<u> </u>	P. 0.	Give address to x	<i>Par</i> min <i>c</i>	ed copy of this fo top N.M.	orm is to be si	ent)	
If well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp.		is gas son	ully connected?	Whe	:a ?	0/49		
this production is commingled with		or pool, giv	10W	Yes	ımher.					
V. COMPLETION DATA				mag order m						
Designate Type of Complet	ion - (X)	Vell C	as Well	New We	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Read	y to Prod.		Total Dept	<u></u>	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)							P.B. 1.D.			
				Top Oil/Gas Pay			Tubing Depth			
erforations				<u> </u>			Depth Casing	Shoe		
								,		
HOLE SIZE	CASING &	G, CASIN	G AND	CEMEN	TING RECOR					
		100100			DEPTH SET		S.	ACKS CEME	NT	
		· ···· ···								
										
TEST DATA AND REQUIL WELL TO THE OFFI										
ate First New Oil Run To Tank	er recovery of total volume	re of load oi	l and must	be equal to	or exceed top allo	wable for the	s depth or be fo	full 24 hour.	s.)	
				r rouncing r	Method (Flow, pu	mp, gas iyi, i	uc.)			
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
ual Prod. During Test Oil - Bbls.				Water - Bbls			Gas- MCF			
				20.	-		CAL- MICE	00T3 (1302.1	
AS WELL							1000	j granija ja	9 Same 2	
tual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate					
ting Method (pitot, back pr.)	Tubing Pressure (Sh	Tubing Pressure (Shut-in)			sure (Shut-in)	<u></u>	Choke Size			
			İ			•	CIONE SIZE		•	
L OPERATOR CERTIFI	CATE OF COM	PLIANC	Œ			OFD:	·		 -	
I hereby certify that the rules and reg Division have been complied with as	ad that the information of	ervation vez above			OIL CON	OEHV/	A I ION D	IVISIO	N	
is true and complete to the best of m	y knowledge and belief.			Date	Approved		ሰ ስተ -			
Mari Stel	Muin			Dall	~ whhinse(- UUI ;	1 0 1989		
Signature Peggy Bradfi	eld - Regulate	any Aff	_	By_	· · · · · · · · · · · · · · · · · · ·			~ 1	_	
Printed Name	- Regulati		airs	, –		8		Though		
10/28/89	(505) 326-970	Title)()		Title		SU	PERVISOR	DISTRI	CT #3	
Date	Tal	ephone 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 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.