Submit 5 Copies Annropriate District Office 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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-045-27140 MERIDIAN OIL INC. P.O. BOX 4289, FARMINGTON, NM 87499 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation State, Federal or Fee BASIN FRUITLAND COAL ALLISON UNIT 130 Feet From The NORTH __Line and _____1850 EAST 1680 Feet From The Unit Letter SAN JUAN 32N 07W County Section 24 , NMPM, Range Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS ess (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil _X_ P.O. BOX 4289, FARMINGTON, NM 87499 MERIDIAN OIL INC. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas NORTHWEST PIPELINE CORP. or Dry Gas P.O. BOX 90, FARMINGTON, NM 87499 Is gas actually connected? When? **Sec.** 24 Two Real If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v New Well Workover Deepen Plug Back Same Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay **Tubing Depth** Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD
ASING & TUBING SIZE D 2 SPIR SET W SACKS CEMENT **CASING & TUBING SIZE HOLE SIZE** JUL 2 8 1989 OIL CON. DIV V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or enterpression of the for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test **Tubing Pressure** Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JUL 28 1989 Date Approved ____ is true and complete to the best of my knowledge and belief. るシ Madula SUPERVISION DISTRICT # 3 PEGGY BRADFIELD REGULATORY AFFAIRS

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

07-28-89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

(505) 326-9727

Title

Telephone No.

- 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.