Submit 5 Conies 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	·····				···		Well	API No.			
Meridian Oil Inc.											
Address	*******	• •									
PO Box 4289, Fa	arming	ton, 1	M	87499							
Reason(s) for Filing (Check proper box)					Ott	et (Please expl	ain)			···	
New Well		Change in	Trans	porter of:	_						
Recompletion	Oil		Dry	Gas 🔯							
Change is Operator	Casinghe	rad Gas 🔲	Come	icamte 🔲							
f change of operator give name											
nd address of previous operator								· · · · · · · · · · · · · · · · · · ·			
I. DESCRIPTION OF WELL	AND LE	EASE									
Lease Name	Well No. Pool Nam			Name, Include	me, Including Formation			Kind of Lease		Lease No.	
Allison Linit		128	Bas	inFruit1	and Coa	l	State,	Federal or Fee	SF-	078459B	
Location											
Unit Letter \underline{J}	<u> </u>	.705	_ Feet	From The \underline{Sc}	uth Lin	and <u>1715</u>	Fe	set From The ± 2	ıst	Line	
17											
Section 15 Towns	11p 32N		Rang	0.7W	, N	MPM, S:	an Juan			County	
II. DESIGNATION OF TRA	Nepopti	ED OF O	TT A	NID NIATET	DAT CAR						
Name of Authorized Transporter of Oil	MSPURII	or Conde		MU NATU		e address to wi	hich annua	come of this for-	- is to be a		
Meridian Oil Inc.					Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499						
Name of Authorized Transporter of Casi			or D	ry Gas 🗔				copy of this form			
Northwest Pipel		O. D.	, ou <u></u>	•			Farmington, NM 87401				
well produces oil or liquids. Unit		 ,,			e. Is gas actually connected?			When?			
ive location of tanks.	J	•	32N			,	i				
this production is commingled with tha	t from any or	ther lease or	pooi,	give commungi	ing order num	per:					
V. COMPLETION DATA											
Designation Transport Co. 1 ::	<i>a</i> n	Oil Well		Gas Weil	New Well	Workover	Deepen	Plug Back S	me Res'v	Diff Res'v	
Designate Type of Completion					<u> </u>	<u> </u>	<u> </u>			1	
Date Spudded	Date Corr	npi. Ready to	Prod.		Total Depth			P.B.T.D.			
The second of the second	<u> </u>				Top Oliveon	<u> </u>		1			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing Fo	ducing Formation			Top Oil/Gas Pay			Tubing Depth		
erforations	<u> </u>							Depth Casing 5	<u>'baa</u>	·	
								:	NIOE		
		TIPRIC	CAS	TNC AND	CEMENITI	VC PECOP	D	i		· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	T	TUBING, CASING AND (CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
TOLE SIZE		ASING & TOBING SIZE			DEFIN SET			SACKS CEMENT			
							··· ···	•	 		
											
. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	Ē							
OIL WELL Test must be after	recovery of t	otai volume	of load	d oil and must	be equal to or	exceed top allo	wable for this	depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of To	est			Producing Me	thod (Flow, pu	mp, gas lift, e	M E	FI	MER	
								Photos Size			
ength of Test	Tubing Pr	Tubing Pressure				Casing Pressure				IJ	
	<u> </u>								02 19	39	
Actual Prod. During Test	Oil - Bbis	Oil - Bbis.				Water - Bbis.					
	!							UIL C	ON_{-}		
GAS WELL								0	IST 3		
					Bbls. Condensate/MMCF			Gravity of Condensate			
Actual Prod. Test - MCF/D	Length of	Test	· · · · · ·		Bbls. Conden	mie/MMCF					
									10 ~~	* 1	
		Test	-in)		Bbls. Conden Casing Press.		<u> </u>	Choke Size	10 Tabrille, .	- - 1	
			i-in)					Choke Size		- 1	
esting Method (pitet, back pr.)	Tubing Pr	essure (Shut		NCE	Casing Press.	no (Shut-in)	IOEDV		to make sur,	`;	
I. OPERATOR CERTIFIC I hereby certify that the rules and regu	Tubing Pr	F COMP	LIA		Casing Press.	no (Shut-in)	ISERV	Choke Size	to make sur,)N	
T. OPERATOR CERTIFIC I hereby certify that the rules and regular Division have been complied with and	Tubing Pr CATE OF	F COMP Oil Conser	LIA		Casing Press.	no (Shut-in)		ATION D	IVISIC	DN .	
osting Method (pitot, back pr.) /L OPERATOR CERTIFIC 1 hereby certify that the rules and regu	Tubing Pr CATE OF	F COMP Oil Conser	LIA		Casing Press.	no (Shut-in)	d	ATION D JUN 02 19	IVISIC)N	
T. OPERATOR CERTIFIC I hereby certify that the rules and regulation have been complied with and	Tubing Pr CATE OI dations of the that the info knowledge a	F COMP s Oil Conser romation give and belief.	LIA		Casing Press.	or (Shut-in)	d	ATION D JUN 02 19	IVISIC	DN .	
TL OPERATOR CERTIFIC I hereby certify that the rules and regulation have been complied with and is true and complete to the best of my	Tubing Pr CATE OF	F COMP s Oil Conser romation give and belief.	LIA		Casing Press.	OIL CON	ا ا ا	ATION D JUN 02 19	IVISIO		
osting Method (pilot, back pr.) /L. OPERATOR CERTIFIC I hereby certify that the rules and regulation have been complied with and	Tubing Proceedings of the that the info knowledge a	F COMP s Oil Conservantion give and belief.	PLIA vation en abo		Casing Press. (Date	OIL CON	ا ا ا	ATION D JUN 02 19	IVISIO		
Division have been complied with and is true and complete to the best of my Signature Peggy Bradfield Printed Name	Tubing Proceedings of the that the info knowledge a Reg	F COMP Oil Conservantion give and belief. Later	LIA vation en abo Title	we	Casing Press. (Date By	OIL CON	ا ا ا	ATION D JUN 02 19	IVISIO		
L OPERATOR CERTIFIC I hereby certify that the rules and regulation have been complied with and complete to the best of my Signature Peggy Bradfield	Tubing Proceedings of the that the info knowledge a Reg	F COMP Oil Conservant to give the belief. Lad ulator 6-9727	LIA vation en abo Title	w Affairs	Casing Press. (Date	OIL CON	ا ا ا	ATION D JUN 02 19	IVISIO		

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.