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Appropriate District Office  
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DISTRICT III  
1000 Rio Brazos Rd., A. Soc., NM 87410

STATE OF NEW MEXICO  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                                                                                                                                                                                                                                                                                       |  |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|
| Operator<br>Phillips Petroleum Company 17654                                                                                                                                                                                                                                                                                                                                          |  | Well API No.<br>30-045-28967 |
| Address<br>5525 Hwy. 64, NBU 3004, Farmington, NM 87401                                                                                                                                                                                                                                                                                                                               |  |                              |
| Reason(s) for Filing (Check proper box)<br><input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input checked="" type="checkbox"/> Change in Operator<br><input type="checkbox"/> Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  |                              |
| If change of operator give name and address of previous operator<br>Meridian Oil, Inc. P.O. Box 4289, Farmington, NM 87499                                                                                                                                                                                                                                                            |  |                              |

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                      |                 |                                                     |                                                     |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------|-----------------------------------------------------|-----------------------|
| Lease Name<br>San Juan 32-7 Unit 9260                                                                                                                | Well No.<br>39A | Pool Name, including Formation<br>Blanco Mesa Verde | Kind of Lease<br>State, Federal or Foreign<br>XXXXX | Lease No.<br>NM-04206 |
| Location<br>Unit Letter C : 790 Feet From The North Line and 1450 Feet From The West Line<br>Section 23 Township 32N Range 7W, NMPM, San Juan County |                 |                                                     |                                                     |                       |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                        |                                                   |                                                                                                                          |      |      |                            |       |
|----------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------|------|----------------------------|-------|
| Name of Authorized Transporter of Oil<br>Meridian Oil Inc. 2805226                     | or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 4289, Farmington, NM 87499          |      |      |                            |       |
| Name of Authorized Transporter of Casinghead Gas<br>Phillips Petroleum Company 2805227 | or Dry Gas <input checked="" type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent)<br>5525 Hwy. 64, NBU 3004, Farmington, NM 87401 |      |      |                            |       |
| If well produces oil or liquids,<br>give location of tanks.                            | Unit                                              | Sec.                                                                                                                     | Twp. | Rge. | Is gas actually connected? | When? |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

|                                    |                             |            |                 |          |                   |           |            |            |
|------------------------------------|-----------------------------|------------|-----------------|----------|-------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well X | New Well X      | Workover | Deepen            | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded                       | Date Compl. Ready to Prod.  |            | Total Depth     |          | P.B.T.D.          |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |            | Top Oil/Gas Pay |          | Tubing Depth      |           |            |            |
| Perforations                       |                             |            |                 |          | Depth Casing Shoe |           |            |            |

TUBING, CASING AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 10% of production 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       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

OIL CONSERVATION DIVISION

JAN 2 1 1994

Date Approved \_\_\_\_\_

By \_\_\_\_\_

SUPERVISOR DISTRICT #3

Title \_\_\_\_\_

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.