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

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

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

P.O. Box 2088 Santa Fe, New Mexico 8750004-2088

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.								
Operator Meridian Oil Inc.				Well API No. 30045 246 78				
P.O. Box 4289, Farmington, New Mexico 87499								
Reason(s) for Filing (Check proper box) Other (Please explain)								
New Well	Change in Transporter of:			other (reduce explain)				
	,—	Elicetive Date 2-1-74						
Recompletion	Oil	X	<u>-</u>					
Change in Operator X	Casinghead Gas	Condensate	;					
If change of operator give name	***************************************			*************		***************************************		
and address of previous operator P & P Production Inc., P.O. Box 3178, Midland, Texas 79702-3178								
II. DESCRIPTION OF WELL AND LEASE								
Lease Name		luding Formation	***********	Kind of Lease	***************************************	Lease No.		
Federal 15	41 Nageezi Gal	•		State/Federal)or Fee		NM 18463		
Location			•	······			***************************************	
Unit Letter A	900 Feet form the	North	Line and	900	Feet From The	East	Line	
Section 15	Township 23 North	Range	8 West	,NMPM,		San Juan	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS								
Name of Authorized Transporter of Oil	or Condensate	X Provide the series of the se						
Meridian Oil Inc Name of Authorized Transporter of Casingle	P.O. Box 4289, Farmington, NM 87499						······	
Bannon Energy Corp.	nead Gas X or Dry Gas			Address (Give address to which approved copy of this form to be sent) 3934 FM 1960 West #240, Houston, TX 77068			e sent)	
If well produces oil or	Unit Sec.	1 Twp.	Rge.	Is gas actually		1A //068 When ?		
liquids, give location of tanks.	AK	23N	8W	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								
	; Oil Well ; Gas Well	New Well	Workover	; Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)		! 	! 	! 	1	{ 	1	
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	Pav	Pay Tubing Depth		······································	
			rabing Deput					
Perforations Depth Casing Shoe								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE CASING & TUBING S		G SIZE	DEPTH SET SACKS CEMEN				ACKS CEMENT	
				<u>a</u> 5		GELVEIN		
V TEST DATA AND DE	OHECT FOR ALLOW	7 A TOT Y7	<u> </u>	***************************************	100	139 0		
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WEL Test must be after recovery of total volume of load oil & must be equal to or exceed top allowable for this depth or be for Fig. 4 hours 1994								
Date First New Oil Run To Tank	y of total volume of load oil & must !Date of Test	be equal to or ex	ceed top allow	wable for this de imp, gas lift, etc.)	pth or be for full	24 hours.	·····	
		i roddonig mee	alog (Flow, pu	mp, gas me, etc.)	OIL C	ON. D	11	
Length of Test	Tubing Pressure	Casing Pressur	e	Choke Size		DIST. 3	***************************************	
Actual Brood During Tart	Oil - Bbls.						***************************************	
Actual Prod. During Test	Oil - Bbis.	Water - Bbls.			Gas - MCF			
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condens	ate/MMCF		Gravity of Conde	ensate	***************************************	
						and methods in		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressur	e (Shut-in)		Choke Size		***************************************	
VI ODED A TOD CEDTER	ICATE OF COLUMN		······································		<u></u>	***************************************	*******************************	
VI. OPERATOR CERTIF								
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				OIL CONSERVATION DIVISION				
best of my knowledge and belief.			Pete Approved FEB 0 2 1994					
Mannon Mamorry			Date Approved FEB 0 2 1994					
Signature			By	D:: 7 \ \1				
Shannon McMorris	Production Assistant		Dy	By 3 O				
Printed Name	Title Title		Title SUPERVISOR DISTRICT /3					
2/1/94	505-326-9526			***************************************				
Date Telephone No.								
INSTRUCTIONS: This form	n ie to ho filad in complian	and and the Darle	1104					

- 1) Request for allowable for newly drilled or deepened well must be accompained 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.