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 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 8750004-2088

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.									
Operator Meridian Oil Inc.					Well API No.				
Address					3004	1525244	Ł	***************************************	
P.O. Box 4289, 1	Farmington. N	New Mexico	87499						
Reason(s) for Filing (Check proper box)			0,10,		Other (Pleas	e ernlaini		······································	
New Well	Change in Transport				<u>.</u>				
Recompletion	Oil Dry G			Effective Date 2-1-94					
Change in Operator ${\chi}$	Casinghea	d Gas	Condensate	, <del> </del>					
	cusingnoa	- Ous	Conuchsati						
If change of operator give name			************	***************************************		***************************************	***************************************		
and address of previous operator		oduction Inc	., P.O. Bo	x 3178. N	Iidland To	exas 79702-3	178		
II. DESCRIPTION OF W	ELL AND	LEASE	*************						
Lease Name	Well No.	Pool Name, Incli	uding Formation	l	Kind of Lease		Lease No		
Dome Federal 24	21	WC Gallup		***************************************	State, Federal or		NM 40025		
Unit Letter C	510	Feet form the	North		1020			***************************************	
Section 24	Township	23 North	Range	Line and 8 West	.NMPM,	Feet From The	West	_Line	
III. DESIGNATION OF		TER OF O	II. AND N	JATIIRA	I CAS		San Juan	County	
Name of Authorized Transporter of Oil		or Condensate				ich canada	C.1. C		
Meridian Oil Inc			X	P.O. Box	e address to which approved copy of this form to be sent 4289, Farmington, NM 87499			e sent)	
Name of Authorized Transporter of Casing	ghead Gas	X pr Dry Gas				nich approved copy		e sent)	
Bannon Energy Corp.	, f			3934 FM	1960 West #	#240, Houston,	TX 77068	c sciii)	
If well produces oil or	Unit	Sec.	Twp.	Rge.	Is gas actually		When ?	***************************************	
liquids, give location of tanks.	i C	24	1 23N	i 8W		***************************************			
If this production is commingled with that IV. COMPLETION DAT	Irom any other lease	or pool, give com	mingling order	number:					
TV. COMPLETION DAT	A   Oil Well	Gas Well	1 New Well	. Words			***************************************		
Designate Type of Completion - (X)		l Gas Well	i New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Comp	ol. Ready to Prod.	-k <u></u>	Total Depth	.i	4	P.B.T.D.		<u>.</u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Brody	icing Formation		· · · · · · · · · · · · · · · · · · ·					
		ang rormation		Top Oil/Gas Pay		Tubing Depth			
Perforations		***************************************	*******	<u></u>	************	Depth Casing Sho		***************************************	
	TUBI	NG, CASING	AND CEM	ENTING	RECORD	10cput Casing Sho	· · · · · · · · · · · · · · · · · · ·	***************************************	
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET SACKS CEMEN			ACKS CEMENT	
			·····			ញ់ គ	CFIV		
V TEST DATA AND DE	OUECE FO					N C	S 10 0		
V. TEST DATA AND RE	QUEST FOI	R ALLOWA	ABLE			nn <sup>EE</sup>	D = 9 199	Δ	
OIL WEL (Test must be after recover Date First New Oil Run To Tank	Date of Test	load oil & must b	Producing Met	ceed top allow	pable for this de np, gas lift, etc.	epth or be for full 2	4 hours.)	1	
			l reading men	nou (1 iow, pur	np, gas mt, etc.		CON. I	ا.۷ال	
Length of Test	Tubing Pressur	Tubing Pressure		e	Choke Size	DIST. 3		······································	
Actual Prod. During Test	Oil - Bbls.	*****	Water - Bbls.	***************************************		· · · · · · · · · · · · · · · · · · ·			
<u> </u>	on Bons.	On - 13013.				Gas - MCF			
GAS WELL		***************************************	1		******************************	<u> </u>	***************************************	***************************************	
Actual Prod. Test - MCF/D	Length of Test	***************************************	Bbls. Condensa	te/MMCF	,	Gravity of Conden	sate	***************************************	
Testing Method (pitot, back pr.)	Tuhing Pressure	Tubing Pressure (Shut-in)		- / Ch., 4 : \		The second secon		<b>\</b>	
	i womg r resourt	(Shut-III)	Casing Pressure	e (Snut-in)		Choke Size			
VI. OPERATOR CERTIF	ICATE OF	COMPLIA	NCE	<u> </u>	***************************************	1	***************************************		
I hereby certify that the rules and regu	lations of the Oil Co	onservation Divisio	n have	01	T CONO	EDY// EVO			
been complied with and that the information given above is true and complete to the best of my knowledge and belief.				U		CRVATION DIVISION			
			Date Approv		oved	FEB 0 2 1994			
Monnon Minni	Ossi)			Date Appl	oveu		*****	***************************************	
Signature				Ву	3.	w de			
Shannon McMorris Production A			ssistant		***************************************				
Printed Name Title 2/1/94 505-326-0526				Title SUPERVISOR DISTRICT /3					
2/1/94 Date	***********	505-326-9526							
INSPRICTIONS OF THE		Telephone No	).	******************					

- This form is to be filed in compliance with Rule 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.