

Submitt 5 Comes
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, 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

I. Operator Meridian Oil Inc. Well API No. 30-039- 30370

Address PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box) ☐ New Well ☐ Change in Transporter of: ☐ Other (Please explain)
☐ Recompletion ☒ XXXXX Oil ☐ Dry Gas ☐
☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Canyon Largo Unit</u>	Well No. <u>144</u>	Pool Name, including Formation <u>Ballard Pic.Cliffs</u> <u>71439</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF-078882</u>
Location Unit Letter <u>D</u> : <u>850</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>17</u> Township <u>25</u> Range <u>6</u> , <u>NMPM</u> <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4289, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>17</u> Twp. <u>25</u> Rge. <u>6</u> 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 ☒	New Well	Workover	Deepen	Plug Back ☒ XXXXX	Same Res'v	Diff Res'v
Date Spudded <u>10-21-69</u>	Date Compl. Ready to Prod. <u>02-17-94</u>		Total Depth <u>7640'</u>		P.B.T.D. <u>2900'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6858'GL</u>	Name of Producing Formation <u>Pictured Cliffs</u>		Top Oil/Gas Pay <u>2822'</u>		Tubing Depth <u>2854</u>			
Perforations <u>2822-60'</u>					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>13 3/4"</u>	<u>9 5/8"</u>	<u>211'</u>	<u>165 sx</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>7460'</u>	<u>705 sx</u>
	<u>2 3/8"</u>	<u>2854'</u>	

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 allowable for the depth to be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D <u>1146</u>	Length of Test <u>3 hrs</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>backpressure</u>	Tubing Pressure (Shut-in) <u>75</u>	Casing Pressure (Shut-in) <u>190</u>	Choke Size <u>3/4"</u>

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.

Peggy Bradford
Signature
Peggy Bradford Regulatory Rep.
Printed Name
03-07-94 Title
Date
326-9700 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 14 1994
By Bruce D. Sherry
Title SUPERVISOR DISTRICT #3

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 owners of complete well logs or complete information on other wells in the area.