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OIL CONSERVATION DIVISION P. O. BOX 2000 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

TAANSPORTER GAS /	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
Contains office	ation Company							
El Paso Explor								
Box 289, Farmi	ngton, New Mexico 87401	Other Clare						
Hew Well	Change in Transporter of:	Change in Transporter of: Change Name of Operator from Northwest						
Recompletion Change In Ownership		Gos Product	ion Corpo	oration.				
If change of ownership give i		· · · · · · · · · · · · · · · · · · ·						
and address of previous own	:r							
Lease Name	AND LEASE. Well No. Pool Name, Including	Formulion	Kind of Leas	10	Lease No.			
Jicarilla -117E	1 Tapacito - I	Pictured Cliffs	State, Feder	ol or Fee	117			
Unit Letter N:	896 Feet From The North	ine and1700	Feet From	The West				
Line of Section 33	Township 26-N Range	3-W NEEPE	— . Rio Arr		C			
DECICULATION OF TRANS	PORTER OF OUR AND NATURAL C		. RIO AII	104	Caunty			
Neme of Authorized Transporter	of CII or Condensate	Address (Give address)	o which appro	yed copy of this form is	io de sen:			
Name of Authorized Transponer	of Castinghead Gas of Dry Gas	Address (Give address)	o which appro		io be sent,			
nevenwest type	Unit Bec. Twp. Roe.	Dox 90, 30	amin	, ,	87401			
if well produces oil or lightds, give location of tanks.	Unit Sec. Twp. Rqe.	Is gas actually connecte	100	en .				
If this production is commingle. COMPLETION DATA	ed with that from any other lease or pool	, give commingling order	number:_					
Designate Type of Com	pletion = (X) Gas Well Gas Well	New Well Workover	Deepen	Plug Back Same he	arv. Dill. Bearv.			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	<u>.</u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR,	etc.) Name of Producing Formation	Top Oil/Gas Pay	 	Tubing Depth				
Perforations				Depth Cosing Snoe				
			··	Depth Cosing Shoe	:			
HOLESIZE	TUBING, CASING, AN	D CEMENTING RECORD		SACKS CEPENT				
TEST DATA AND REQUES	ST FOR ALLOWABLE (Test must be a	often recovery of total volum	a of load oil	ind must be equal so or	escesá tos silone-			
OIL WELL Date First New Off Run To Tank	able for this d	epth or be for full 24 hours) Producing Nethod (Flow,						
	Tible				•			
Length of Test	Tubing Pressure	Casing Pressure		Chr				
Actual Prod. During Test	OII-Bbis.	Water - Bbls.		Gas-MCF				
CARNER								
Actual Prod. Tost-MCF/D	AS WELL Actual Frod. Toel-MCF/D Langth of Toel		Bbla. Condensate/MMCF		Gravity of Condensate			
Testing kielhod (pitot, back pr.)	Tubing Pressure (shut-in)	Costing Pressure (Shut-1	(n)	Chote Bize				
CUPTIEICETTE OF COURT	JANCI'	011.00	NIDE (N. 10 Y					
CERTIFICATE OF COMPL	OIL CONSERVATION DIVISION							
Division have been complied	and regulations of the Oil Conservation with and that the information given	APPROVED	Stance Co.		19			
above is time and complete to	the beat of my knowledge and belief.	BYBY	Statestan - premer by	A. A. Youdrie 				
1 61 1	•	TITLE		empliance with AULE	4354			
D. D. Su	ses	If this is a reque	at for allows	ble for a newly drille	d or despaned			
Drilling Cl	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for slow-ship on new and recompleted walls. Fill out only Sections 1, 11, 111, and VI for charges of owner.							
9-25-79								
2 20 70	(Date)	well name or number, of Separate Forms	or transports	III, and VI for char nor other such chang be filled for each pa	of condains.			
	ı	فالأمان السأم فيدييم ا						

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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BANTA FE	_	1-	
FILE		 	
U.S.O.S.	1		
LAND OFFICE	1	\vdash	
TRANSPORTER	OIL	1	
	GAS		
OPERATOR			
PROBATION OF			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 SEP 09 1985

REQUEST FOR ALLOWABLE AND

OPERATOR			AND	Armed 1:		
PRORATION OFFICE	- AUTHOI		SPORT OIL AND NATU	JRAL GAS	CON DIV	
Operator					DIST ?	
MERIDIAN OIL	. INC					
Address	THC.					
P. O. BOX 42	89; FARMINGTON	J NEW MEYICO	87499			
Reason(s) for filing (Check pro	per box!	, NEW PERICO				
New Well	•	n Transporter of:	Other (Please explain)			
Recompletion			Meridian Oil Inc. is an agent for Meridian Oil Production Inc.			
XX Change in OSASSASS Op	eratorship com		Condensate Melidian	a Oil Production	inc.	
					 	
operatorshi If change of XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	to Morio	ian Oil Produc	ompany whose name	e changed, as of	4-10-85,	
end address of previous own	er <u>co merro</u>	Tall OII Produc	rion inc.			
II. DESCRIPTION OF WEI	IL AND LEASE					
Lease Name		Pool Name, Including	Formation	Kind of Lease_	Lease No.	
Jicarilla 117 E	#1	Tapacito Pic	tured Cliffs	Federal State, Federal	Jic.Cont #117	
Location				<u> </u>		
Unit Letter N	896 Feet Fro	m The South	ine and1700	Feet From The	Vest	
		· <u></u>		restrict ine		
Line of Section 33	Township	T26N Range	R3W , NMPM	, Ric	Arriba County	
			······································	······································	- Journey	
III. DESIGNATION OF TR	CANSPORTER OF	DIL AND NATURA	L GAS			
Name of Authorized Transporter	rof CII or C	ondensate	Andress (Give address	to which approved copy of	this form is to be sent)	
Name of Authorized Transporter	of Casinghead Gas	or Dry Gas 🔀	Address (Give address	to which approved copy of	this form is to be sent)	
Northwest Pipeli	ne Corporation	ì	P.O. Box	90, Farmington,	NM 87499	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	is gas actually connect			
give location of tanks.	1 1			‡		
I this production is comming	led with that from an	y other lease or pool.	give commingling order	number:	***	
	-					
NOTE: Complete Parts IV	and V on reverse s	de if necessary.				
VI. CERTIFICATE OF COM	IDITA NCE			ONSERVATION DIV	VISION	
VI. CERTIFICATE OF COMPLIANCE			oraca a sest			
hereby certify that the rules and r					<u>) . 19 </u>	
peen complied with and that the information given is true and complete to the best of my knowledge and belief.					• • • • • • • • • • • • • • • • • • • •	
ny miowieuge and benef.			BY	arosen		
			TITLE SUPER	WISOR DISTFICE THE		
γ	4					
James & lement			This form is to be filed in compliance with RULE 1104.			
AMES R. PERMENTER	(Signature)		If this is a requ	be accompanied by a t	newly drilled or deepened sebulation of the deviation	
	EY-IN-FACT		tests taken on the	well in accordance with	BULE 111.	
	(Title)		All sections of	this form must be filled	out completely for allow-	
APRIL	10, 1985		able on new and rec			
(Date)			Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.			

Separate Forms C-104 must be filed for each pool in multiply completed wells.