

State of New Mexico
Department of Energy, Minerals and Natural Resources
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Department of Energy, Minerals and Natural Resources

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

Operator: **MERIDIAN OIL INC.** Well APN No. _____

Address: **P. O. Box 4289, Farmington, New Mexico 87499**

Reason(s) for Filing (Check proper box):

New Well ☐ Change in Transporter of: ☐ Other (Please explain): _____

Recompletion ☐ Oil ☐ Dry Gas ☐ _____

Change in Operator ☒ Casinghead Gas ☐ Condensate ☐ _____

Effect 6/23/90

If change of operator give name and address of previous operator: **Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120**

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **JICARILLA "J"** Well No.: **2** Pool Name, including Formation: **SOUTH BLANCO, PC** Kind of Lease: **State, Federal or Fee** Lease No.: **C153**

Location: **Unit Letter M : 990 Feet From The S Line and 1090 Feet From The W Line**

Section: **35** Township: **26N** Range: **05W** NMPM, RIO ARRIBA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: **Meridian Oil Inc.** ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent): **P. O. Box 4289, Farmington, NM 87499**

Name of Authorized Transporter of Casinghead Gas: **Gas Company of New Mexico** ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent): **P. O. Box 1899, Bloomfield, NM 87413**

If well produces oil or liquids, give location of tanks: _____ Unit: _____ Sec: _____ Twp: _____ Rgn: _____ 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 ☐ 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 allowable 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: _____

Actual Prod. During Test: _____ Oil - Bbls. _____ Water - Bbls. _____

RECEIVED JUL 8 1990

GAS WELL

Actual Prod. Test - MCF/D: _____ Length of Test: _____ Bbls. Condensate/MMCF: _____

Testing Method (prior, back pr.): _____ Tubing Pressure (Shut-in): _____ Casing Pressure (Shut-in): _____

OIL CONFORM DIST 3

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: **Leslie Kahwajy** Prod. Serv. Supervisor

Printed Name: **Leslie Kahwajy** Title: **Prod. Serv. Supervisor**

Date: **6/15/90** Telephone No.: **(505)326-9700**

OIL CONSERVATION DIVISION

Date Approved: **JUL 03 1990**

By: **Leslie Kahwajy** 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 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.