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

OIL CONSERVATION DIVISION

Form 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.									
Operator Meridian Oil Inc.	Meridian Oil Inc.				Well API No.				
P.O. Box 4289, Far	rmington, New Mex	ico 87499							
Reason(s) for Filing (Check proper box)	Other (Please explain)								
New Well	Change is	n T	L	<u>S</u>	ii .				
		Change in Transporter of: Oil Dry Gas				WELL NAME CHANGED FROM JICARILLA D 8			
Recompletion	Oil	EPPECTON	T 0/4/04						
Change in Oprator X	Casinghead Gas Condensate			EFFECTIVE 8/1/92					
If change of operator give name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
and address of previous operator	Mobil Producing T	X & NM Inc.	., Nine Gi	reenway Pl	laza, Suite 2	700.			
II. DESCRIPTION OF WELL AND LEASE Houston, Texas 77046									
Lease Name		Well No. Pool Name, Including Formation			Kind of Lease Lease No.				
JICARILLA 99	i l	MESA VERDI	-		ral or Fee JICARILLA 99				
Location				pater, rede	141 01 1 00	JICINGELA			
Unit Letter A	: 990 Feet From T	he N	Line and	990	Feet From The	E	Line		
Section 23	Township 26N	Range	3W	,NMPM,	RIO ARRIBA		•		
III. DESIGNATION OF TR					Ido /Ilddb/	1	County		
Name of Authorized Transporter of Oil	or Condensa	to [7		ich approved conv	of this form to be	cent)		
MERIDIAN OIL INC				e address to which approved copy of this form to be sent) 4289, FARMINGTON, NM 87499					
Name of Authorized Transporter of Casinghea	X , , , , , , , , , , , , , , , , , , ,								
NORTHWEST PIPELINE COMPA	4	<u></u>		(58900, SAI	LT LAKE CIT	Y, UT 8415	8-0900		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	Is gas actually	connected?	When ?			
harman and the same and the sam	1 1	<u></u>	<u> </u>	<u> </u>		<u> </u>			
If this production is commingled with that from IV. COMPLETION DATA	any other lease or pool, give of	commingling order n	umber:						
IV. COMPLETION DATA	0.11.11.11								
Designate Type of Conveletion (CD)	Oil Well Gas Wel	l New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion - (X) Date Spudded Date Compl. R	Pandy to Prod	Total Doub	<u> </u>	<u> </u>	1	l	·		
Bate Compi. Is	cady to 110d.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		on I	Top Oil/Gas Pay Tubing		Tubing Depth	ng Depth			
Perforations	<u> </u>								
1 eriorations	TUDDIC CAC				Depth Casing Sho	oe			
	TUBING, CASI		ENTING	RECORD					
HOLE SIZE CASING & TUBING		ING SIZE	ZE DEPTH SET			S	ACKS CEMENT		
V. TEST DATA AND REQU	JEST FOR ALLOY	WABLE							
OIL WEL (Test must be after recovery of			ceed ton allow	vahla for this da	onth on ho for full 1	24 5 1			
Date First New Oil Run To Tank	Date of Test	Producing Met	hod (Flow, pu	mp, gas lift, etc.)	1				
			· / / ·		' im	EGE	V F IT		
Length of Test	Tubing Pressure	Casing Pressure	e	Choke Size	- IRI				
					uu.				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas - MCF	AUG 0 61	992 -		
GAS WELL					0	IL CON	. DIV.		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensa	te/MMCF	, ,	Gravity of Conde	PEAR DIST.	3		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure	(Churt in)		OL I G				
Section (Construction)	Tubing Pressure (Bliat-III)	Casing Hessure	c (Silut-III)		Choke Size				
VI. OPERATOR CERTIFIC	ATE OF COMDI	LANCE			<u> </u>				
I hereby certify that the rules and regulation been complied with and that the information best of my knowledge and belief.	ons of the Oil Conservation Div on given above is true and com	vision have uplete to the	O	IL CONS	ERVATION AUG 0	N DIVISIO 3 1992)N		
Landin La	hwall		Date Appi			A			
Signature Turk	rungy		D.	3.	المنا	Grann -			
Leslie Kahwajy	Q U	A1	By		י.	107DIO	78		
Printed Name		n Analyst		501	PERVISOR	JIST RICE	7 3		
	Title	- 0.0	Title						
7/31/92	505-326-9								
Date	Telephone	No.							

- INSTRUCTIONS: 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.