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

	TO TRA	NSPORT OIL A	AND NATUE	IAL GAS				
<u>I.</u>								
Operator Meridian Oil Inc.				Well API No.				
Address D.O. Doy 1280 Fa	arminatan Navy Mayica	87400						
Reason(s) for Filing (Check proper box)	armington, New Mexico	8/499	<u> </u>	Other (Please	explain)	 		
	Change in Tu	ronenorter of	X	j		DOM HCADII	TADO	
New Well	Change in Transporter of: WELL NAME CHANGED FROM J						LA D 9	
Recompletion	Oil	Dry Gas		EFFECTIV	E 8/1/92			
Change in Oprator X	Casinghead Gas	Condensate	X					
If change of operator give name								
and address of previous operator	Mobil Producing TX	& NM Inc.	, Nine Gr	eenway Pl	aza, Suite 2'	700,		
II. DESCRIPTION OF WELL AND LEASE				Houston, Texas 77046				
Lease Name	Well No. Pool Name, Inch	1			Kind of Lease Lease No.			
JICARILLA 99	9 GAVILAN P	N PICTURED CLIFFS		State, Feder	State, Federal or Fee JICARIL		1 99	
Location Unit Letter E	: 990 Feet From The	W	Line and	1650	Feet From The	N	Line	
Section 13	Township 26N	Range	3W	,NMPM,	RIO ARRIBA	A	County	
III. DESIGNATION OF T	RANSPORTER OF O	IL AND N	ATURA	L GAS		•		
Name of Authorized Transporter of Oil MERIDIAN OIL INC	or Condensate	X _	Address (Giv	Address (Give address to which approved copy of this form to be sent) P.O. BOX 4289, FARMINGTON, NM 87499				
	me of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give				ve address to which approved copy of this form to be sent)			
NORTHWEST PIPELINE COMP	PANY	<u> </u>	<u> </u>	1	LT LAKE CIT	1	8-0900	
If well produces oil or	Unit Sec.	Twp.	Rge.	Is gas actually	connected?	When?		
liquids, give location of tanks. If this production is commingled with that fr	rom any other lease or pool, give com	mingling order n	Iher:	<u> </u>		<u> </u>		
IV. COMPLETION DATA		niniginig order ii	umber.					
IV. COMILETION DATE	Oil Well Gas Well	New Well	Workover	Deepen	l Plug Back	1 Same Res'v	Diff Res'v	
Designate Type of Completion - (X)	<u> </u>	1	! 	l -	 	 	! 	
Date Spudded Date Comp	I. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay Tubing Depth						
Perforations				Depth Casing Shoe				
Torrotations	TUBING, CASING	G AND CEM	IENTING	RECORD				
HOLE SIZE	CASING & TUBING	3 SIZE	SIZE DEP		DEPTH SET S		SACKS CEMEN	
	OHECT FOR ALLOW	A DI IS				<u> </u>		
V. TEST DATA AND REC	-				laath aa ha fan fell	24 hours		
OIL WEL (Test must be after recover Date First New Oil Run To Tank	Ty of total volume of load oil & must Date of Test	Producing Me	<i>cceed top allo</i> thod (Flow, pi	imp, gas lift, etc		A P 1 V		
					DE		<u> </u>	
Length of Test	Tubing Pressure	Casing Pressur	ге	Choke Size	IU		-	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		1	Gas - MCF At	JG 0-6 199	2	
The state of the s						CON	51 1/	
GAS WELL					UIL	COI4.	→	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condet 151. 3			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIF	CICATE OF COMPLIA	ANCE	T		L			
I hereby certify that the rules and regu		OIL CONSERVATION DIVISION				ON		
been complied with and that the inform) the						
best of pry knowledge and belief.			Date App	proved	AUG 0	o 1992		
Desle 4	sanwary		_ ՝՝			1		
Signature	1 (10		Ву		<u>,, (</u>	Thank		
Leslie Kahwajy	Production	Analyst	- 	SU	PERVISOR	DISTRICT	# 3	
Printed Name 7/31/92	Title 505-326- 970	ሰብ	Title				- -	
// 31 /74	JUJ -J 4U - 7 /!	UU	1					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

1) Request for allowable for newly drilled or deepened well must be accompained by tabulation of deviation tests taken in accordance with Rule 111.

Telephone No.

- 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.