

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 26 1986
OIL CON. DIV.
DIST. 3

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

I. Operator
Meridian Oil Inc.

Address
PO Box 4289, Farmington, NM 87499

Person(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	☐ Dry Gas
☐ Recompletion	☐ Oil	☒ Condensate
☐ Change in Ownership	☐ Casinghead Gas	

Other (Please explain)
Meridian Oil Inc. is an agent for Meridian Oil Production Inc.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla 152 W</u>	Well No. <u>1A</u>	Pool Name, including Formation <u>Blanco Mesa Verde</u>	Kind of Lease State Federal or Fee <u>Jic. Cont. 152</u>
Location Unit Letter <u>C</u> ; <u>910</u> Feet From The <u>North</u> Line and <u>1730</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>26N</u> Range <u>5W</u> N.M.P.M. <u>Rio Arriba</u>			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Meridian Oil Trading Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 1599, Aztec, NM 87410</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>Northwest Pipeline Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 8900, Salt Lake City, UT 84111</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>C 7 26N 5W</u>
Is gas actually connected? when	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

[Signature]
Drilling Clerk (Signature)
April 1, 1986
(Date)

OIL CONSERVATION DIVISION
APPROVED [Signature] MAR 26 1986
BY [Signature]
TITLE SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or de- well, this form must be accompanied by a tabulation of the de- tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of con-
Separate Forms C-104 must be filed for each pool in m- completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug back	Same Reservoir	Drill
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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/100 MCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size