

Submit 5 Copies
Appropriate District Office
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
Energy, Minerals and Natural Resources Department

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
MERIDIAN OIL INC. Well API No.
Address
P. O. Box 4289, Farmington, New Mexico 87499
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☐ Change in Transporter of: ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐
Change in Operator ☒ 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 "H" Well No. 6Y Pool Name, including Formation BASIN DAKOTA Kind of Lease State, Federal or Fee Lease No. C103
Location Unit Letter M : 990 Feet From The S Line and 1070 Feet From The W Line
Section 20 Township 26N Range 04W NMPM RIO ARRIBA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc. P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico P. O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks. Unit Sec. Top. Rgs. 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.
JUL 3 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)
JUL 3 1990

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
Leslie Kahwajy Prod. Serv. Supervisor
Printed Name Date 6/15/90 Title (505)326-9700 Telephone No.

OIL CONSERVATION DIVISION

JUL 03 1990
Date Approved
By SUPERVISOR DISTRICT #3
Title

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.