

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, 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

Water PED
2815540

I. Operator
Meridian Oil Inc. Well API No. 30-0-39-

Address
PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check ☐ or ☒ box) ☐ Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator Union Texas Petroleum Corp., PO Box 2120, Houston, TX 77252-2120

II. DESCRIPTION OF WELL AND LEASE DHC-650
Lease Name Jicarilla H Well No. 8E Pool Name, including Formation Basin Dakota Kind of Lease State, Federal or Fee Lease No. Jic.Cont.103
Location
Unit Letter G 1850 Feet From The North Line and 1650 Feet From The East Line
Section 19 Township 26N Range 4W NMPL Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Meridian Oil Inc. 2815538 Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Sunterra Gas Gathering 2815539 Address (Give address to which approved copy of this form is to be sent) PO Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks. Unit G Sec. 19 Twp. 26N Rgn. 4W Is gas actually connected? When?

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well X New Well Workover Damaged Plug Back Same Resv Diff Resv
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 Fruitland Coal 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 RECEIVED FEB 06 1991 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/MCF Gravity of Condensate
Testing Method (post. back pr.) backpressure Tubing Pressure (Shut-in) SI Casing Pressure (Shut-in) SI Choke Size

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 Perry Bradfield Reg. Affairs
Printed Name Title
2-4-91 326-9700
Date Telephone No.

OIL CONSERVATION DIVISION
Date Approved FEB 06 1991
By [Signature] 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) Submit Form C-104 to be filed separately not in this compartment.