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 Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
MERIDIAN OIL INC

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: Oil [ ] Dry Gas [ ]
Recompletion — Casinghead Gas [ ] Condensate [ ]
Change in Operator [X]
If change of operator give name and address of previous operator: Union Texas Petroleum Corporation, P. O. Box [illegible]

I. DESCRIPTION OF WELL AND LEASE

Lease Name — Well No. — Pool Name, Including Formation — Kind of Lease (State, Federal or Fee)

Location
Unit Letter — Feet From The — Line and — Feet From The
Section — Township — Range — NMPM, —

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: Meridian Oil Inc
Address (Give address to which approved copy of this form is to be sent): P. O. Box 4289, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas or Dry Gas: El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent): P. O. Box 1899, Farmington, NM 87499

If well produces oil or liquids, give location of tanks: Unit — Sec. — Twp. — Rge. — 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. — Diff. Res.

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 allowable for this depth or be for full 24 hours)

OIL WELL
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.

GAS WELL
Actual Prod. Test - MCF/D — Length of Test — Bbls. Condensate/MMCF — Gravity of Condensate

Testing Method (pitot, back pressure, etc.) — Tubing Pressure (Shut-in) — Casing Pressure (Shut-in)

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, Production Supervisor
Printed Name: 6/15/90
Date
(505) 326-9700
Telephone No.

OIL CONSERVATION DIVISION
Date Approved
By
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 as required by 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 Forms C-104 must be filed for each pool in multiply completed wells.