

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinhead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership Operatorship			

Other (Please explain)
Meridian Oil Inc. is Operator for El Paso Production Company

If change of ownership give name and address of previous owner El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-6 U. 28	Well No. 14R	Pool Name, including Formation Blanco Meas Verde	Kind of Lease State (Federal) or Fee	Lease No. SF 079192
Location Unit Letter <u>N</u> : <u>1150</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>28N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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 Casinhead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corp.	P. O. Box 8900, Salt Lake City, UT 84110
If well produces oil or liquids, give location of tanks.	Is gas actually connected?
Unit <u>N</u> Sec. <u>17</u> Twp. <u>28N</u> Rge. <u>6W</u>	

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.

Reggie L. Cook
(Signature)
Drilling Clerk
(Title)
11-1-86
(Date)

OIL CONSERVATION DIVISION

APPROVED: _____, 19____
BY: Supervisor 773
TITLE: _____

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

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
P O Drawer DD, Artesia, NM 88211-0719

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals, & Natural Resources Department

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☐ AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address Burlington Resources Oil & Gas	OGRID Number 14538
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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
PERMITS OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator El Paso Natural Gas Company		
Address P. O. Box 4289, Farmington, NM 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter oil	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas <input checked="" type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-6 Unit	Well No. 14R	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State (Federal) or Fee SF 079192	Lease No.
Location Unit Letter <u>N</u> : <u>1150</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>28N</u> Range <u>6W</u> , NMP14, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

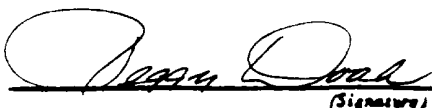
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1599, Aztec, New Mexico 87410				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 8900, Salt Lake City, Utah 84110				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 17	Twp. 28N	Range 6W	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

RECEIVED
JUN 11 1986
OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION

APPROVED  JUN 11 1986
BY _____
TITLE _____
SUPERVISOR DISTRICT # 3

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Instructions on back
Submit to Appropriate District Office
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OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☐ AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address Burlington Resources Oil & Gas PO Box 4289 Farmington, NM 87499		² OGRID Number 14538
		³ Reason for Filing Code CO - 7/11/96
⁴ API Number 30-039-20512	⁵ Pool Name BLANCO MESAVERDE (PRORATED GAS)	⁶ Pool Code 72319
⁷ Property Code 007462	⁸ Property Name SAN JUAN 28-6 UNIT	⁹ Well Number #14R

II. ¹⁰ Surface Location

¹¹ UI or lot no. N	¹² Section 17	¹³ Township 028N	¹⁴ Range 006W	¹⁵ Lot.Idn	¹⁶ Feet from the 1150	¹⁷ North/South Line S	¹⁸ Feet from the 1850	¹⁹ East/West Line W	²⁰ County RIO ARriba
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¹¹ Bottom Hole Location

²¹ UI or lot no.	²² Section	²³ Township	²⁴ Range	²⁵ Lot.Idn	²⁶ Feet from the	²⁷ North/South Line	²⁸ Feet from the	²⁹ East/West Line	³⁰ County	
³¹ Lse Code		³² Producing Method Code		³³ Gas Connection Date		³⁴ C-129 Permit Number		³⁵ C-129 Effective Date		³⁶ C-129 Expiration Date

III. Oil and Gas Transporters

³⁷ Transporter OGRID	³⁸ Transporter Name and Address	³⁹ POD	⁴⁰ O/G	⁴¹ POD ULSTR Location and Description
25244	WILLIAMS FIELD SERVICES CO P.O. BOX 58300 SALT LAKE CITY, UT 84158-0900		G	N-17-T028N-R006W
9018	Giant Industries 5764 US Hwy 64 Farmington, NM 87401	1642610	O	N-17-T028N-R006W

IV. Produced Water

⁴² POD	⁴³ POD ULSTR Location and Description
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V. Well Completion Data

⁴⁴ Spud Date	⁴⁵ Ready Date	⁴⁶ TD	⁴⁷ PBTB	⁴⁸ Perforations
⁴⁹ Hole Size		⁵⁰ Casing & Tubing Size	⁵¹ Depth Set	⁵² Sacks Cement

VI. Well Test Data

⁵³ Date New Oil	⁵⁴ Gas Delivery Date	⁵⁵ Test Date	⁵⁶ Test Length	⁵⁷ Tbg. Pressure	⁵⁸ Csg. Pressure
⁵⁹ Choke Size	⁶⁰ Oil	⁶¹ Water	⁶² Gas	⁶³ AOF	⁶⁴ Test Method

" I hereby certify that the rules 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: *Dolores Diaz*

Printed Name:
Dolores Diaz

Title:
Production Associate

Date:
7/11/96

Phone
(505) 326-9700

OIL CONSERVATION DIVISION

Approved by: Frank T. Chavez

Title: District Supervisor

Approved Date: July 11, 1996

⁶⁵ If this is a change of operator fill in the OGRID number and name of the previous operator
14538 Meridian Oil Production

Previous Operator Signature

Printed Name

Title

Date

Signature: *Dolores Diaz*

Dolores Diaz

Production Associate

7/11/96