

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

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U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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)      Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	Meridian Oil Inc. is Operator for El Paso Production Company
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in <del>Ownership</del> Operatorship	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

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 Unit	Well No. 123R	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF 079192
Location				
Unit Letter	G	: 1520 Feet From The	North Line and	1540 Feet From The East
Line of Section	16	Township	28N	Range 6W, NMPM, Rio Arriba 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 Casinghead 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)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: G, Sec.: 16, Twp.: 28N, Rge.: 6W	

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]  
(Signature)  
Drilling Clerk  
(Title)  
11-1-86  
(Date)

RECEIVED  
NOV - 1 1986

OIL CONSERVATION DIVISION  
NOV - 1 1986  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY [Signature]  
TITLE SUPERVISION 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 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.

OIL CONSERVATION DIVISION

PO Box 2088

Santa Fe, NM 87504-2088

AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator Name and Address Burlington Resources Oil & Gas PO Box 4289 Farmington, NM 87499		<sup>2</sup> OGRID Number 14538
		<sup>3</sup> Reason for Filing Code CO - 7/11/96
<sup>4</sup> API Number 30-039-22265	<sup>5</sup> Pool Name BASIN DAKOTA (PRORATED GAS)	<sup>6</sup> Pool Code 71599
<sup>7</sup> Property Code 007462	<sup>8</sup> Property Name SAN JUAN 28-6 UNIT	<sup>9</sup> Well Number #123R

II. <sup>10</sup> Surface Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
G	16	028N	006W		1520	N	1540	E	RIO ARriba

<sup>11</sup> Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County	
<sup>12</sup> Lse Code		<sup>13</sup> Producing Method Code		<sup>14</sup> Gas Connection Date		<sup>15</sup> C-129 Permit Number		<sup>16</sup> C-129 Effective Date		<sup>17</sup> C-129 Expiration Date

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
7057	EL PASO FIELD SERVICES P.O. BOX 1492 EL PASO, TX 79978		G	G-16-T028N-R006W

IV. Produced Water

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description
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V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBTB	<sup>29</sup> Perforations
<sup>30</sup> Hole Size	<sup>31</sup> Casing & Tubing Size	<sup>32</sup> Depth Set	<sup>33</sup> Sacks Cement	

VI. Well Test Data

<sup>34</sup> Date New Oil	<sup>35</sup> Gas Delivery Date	<sup>36</sup> Test Date	<sup>37</sup> Test Length	<sup>38</sup> Tbg. Pressure	<sup>39</sup> Csg. Pressure
<sup>40</sup> Choke Size	<sup>41</sup> Oil	<sup>42</sup> Water	<sup>43</sup> Gas	<sup>44</sup> AOF	<sup>45</sup> Test Method

<sup>46</sup> 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

<sup>47</sup> 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