

Schedule 5 Comins
Appropriate District Office
DISTRICT I
P.O. Box 1900, Hobbs, NM 88240

DISTRICT II
P.O. Denver DD, Alameda, 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

L
Operator

Well API No.

Meridian Oil Inc.

Address
PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☐

Change in Transporter of:

Oil ☐

Dry Gas ☐

Casinghead Gas ☐

Condensate ☐

☒ Other (Please explain)

Name changed from the San Juan 28-5 Unit
#203 to the San Juan 28-5 Unit NP #203.

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-5 Unit NP	Well No. 203	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, (Federal or Fee)	Lease No. SF-079250
Location				
Unit Letter B	1280	Feet From The North	Line and 1725	Feet From The East
Section 17	Township 28N	Range 5W	NMPM	Rio Arriba
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc. ☐	or Condensate ☒	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 El Paso Natural Gas ☐	or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 17
	Twp. 28N	Rge. 5W
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			
Performances		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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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

Peggy Bradfield

Reg. Affairs

Printed Name

7-21-92 326-9700

Date

Telephone No.

OIL CONSERVATION DIVISION

JUL 23 1992

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.