Submit 5 Copies
Appropriate District Office
DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

DISTRICT III

88210

1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Drawer DD, Artesia, NM

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	••••••					·			
Operator	O11 To 1					Well API No			
Meridian	i Oli Inc					30-039-25	02/1		
Address	- 4 0 00 1		4 a a - NT : - N	4	7400				
			ton, New N	viexico 8	7499	104 2:			
Reason(s) for Filing (Chec	к proper bo	X)				Other (Plea	se explain)		
New Well			Change in T	ransporter	of:				
Recompletion		Oil		Dry Gas	$ \mathbf{X} $				
Change in Operator		Casinghe	ad Gas	Condensa	te 🗍				
If change of operator	give name	e		***************************************					
and address of previo	-								
II. DESCRIPTI	-	·	ANDIE	ACE					***************************************
Lease Name	ON OF	Well No.	Pool Name, Inc		ation	Kind of Leas	e	Lease No.	
San Juan 28-5 Unit		229	Basin Fuitla	-		t .	deral] or Fee	•	
Location		L				iouto, ir o	20141] 01 1 00	01 077520	
Unit Letter	M	1065	Feet form the	South	Line and	1190	Feet From Th	West	Line
Section	27	Township	28 N	Range	. 5 W	,NMPM,	Rio A	лтiba	County
III. DESIGNAT	ION O	F TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GA	S	
Name of Authorized Trans	·····		or Condensate		·				form to be sent
Meridian Oil Inc.	-			X	5		mington, N.		1
No. of A.A. in d.T. of Control of						~~~~~~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	form to be sent
Northwest Pipeline	-			X	{		alt Lake City		
If well produces oil or		Unit	Sec.	Twp.	}	Is gas actuall		When ?	
liquids, give location of ta	nks.	M	27	28 N	5 W				
If this production is comm	ingled with t	hat from any	other lease or pe	ool, give com	mingling o	rder number:	***************************************	***************************************	
IV. COMPLET			·	•					
IV. COMILEET	1011 21	Oil Well	Gas Well	New Well	Workover	} Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Comple	tion - (X)		}	 	} 1	}	i ,	f i	
		Ready to Pr	od.	Total Depth			P.B.T.D.		
a para									
Elevations (DF, RKB, RT	GR, etc.)	Name of Pro	oducing Formatio	on	Top Oil/G	as Pay	Tubing Depth	•	
Perforations							Depth Casing	Shoe	
			G, CASING		<u> IENTIN</u>	~~~~~	****************	γ	
HOLE SIZE	***********	CAS	ING & TUBING	SIZE		DEPTH SET		SACI	KS CEMENT
									
					L	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
V. TEST DATA	AND I	REQUE	ST FOR A	LLOW	ABLE				
OIL WE (Test must be				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				denth or befo	fall ashears
Date First New Oil Run T	o Tank	Date of Tes	t	Producing M	lethod (Flo	w, pump, gas	lift, etc.)	D) E	ULI
I Ab 6 T 4		Tukin - P		Cari B		BChales C'		101	
Length of Test		Tubing Pressure		Casing Pressure		Choke Size		mu FF	B - 3 199
Actual Prod. During Test	····	Oil - Bbls.		Water - Bbls		L	Gas - MCF	L	
				Dois	-			OIL	CON.
GAS WELL		ł		1	***************************************		L		DIST
Actual Prod. Test - MCF/I	D	Length of T	est	Bbls. Conde	nsate/MMC	F	Gravity of Co	ndensate	
Testing Method (pitot, bac	k pr.)	Tubing Pres	ssure (Shut-in)	Casing Press	ure (Shut-ir	1)	Choke Size		
VI. OPERATO	R CER	ΓIFICA	TE OF CO	OMPLL	ANCE				
I hereby certify that th		~			ОП	CONSE	RVATIO	N DIVIS	SION
Division have been co	•		•	n above		J			
is true and complete to	o une best of	my knowled	ge and belief.		Date Ap	proved	F	EB 031	334
Bill Bull					Date Ap	proved			***************************************
Signatura	-				Ry		7	d	
Signature /			Production	Assistant	Ву	****************	<i>D.</i> ^	/ 524	-
Bill Brightman				Assistant	4		SUPERVI	SOR DIS	TRICT #
Printed Name			Title 505 326 97	52	Title	***************************************			
1/25/94			505-326-97	~~~~~	1				
Date	na a de la compansión de la compa	anniconomiconomiconom	Telephone l	NU. 1990:			100000000000000000000000000000000000000		RÉBRICO DE CONTROL DE

- INSTRUCTIONS This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompained by tabulation of deviation tests taken i 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 chang
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

DISTRICT III

Operator

1000 Rio Brazos Rd., Aztec, NM 87410

Meridian Oil Inc.

accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such chang

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Well API No.

	1C.				30-039-25	5271	
\ddress					·	***************************************	
P.O. Box 4289,		ton, New I	Mexico 8	37499			
Reason(s) for Filing (Check proper b	ox)				Other (Plea	se explain)	
New Well		Change in T	ransporter	of:	,		
Recompletion	Oil		Dry Gas	X			
Change in Operator	Casinghe	ad Gas	Condensa	te			
If change of operator give nar			***************************************				
and address of previous opera	***********	***************************************				*********************	***************************************
II. DESCRIPTION O	****************			**********	y		<i>p</i> ***
Lease Name San Juan 28-5 Unit	Well No. 229	Pool Name, Inc South Blanc	-		Kind of Leas	se deral] or Fee	Lease No.
Location Location	427	30uui Biane	o Fictured	Cillis	State, [Fe	detail of Fee	SF-079320
Unit Letter M	1065	Feet form the	South	Line and	1190	Feet From Th	West Line
Section 27	Township	28 N	Range	5 W	,NMPM,	Rio A	rriba County
III. DESIGNATION ()F TRAN	SPORTE	ROFO	IL AN	D NATI	JRAL GA	.S
Name of Authorized Transporter of (or Condensate					ed copy of this form to b
Meridian Oil Inc.			X	§		rmington, N.	• •
Name of Authorized Transporter of (Casinghead Ga	or Dry Gas					ed copy of this form to b
Northwest Pipeline			X	3			, UT 84158-0900
If well produces oil or	Unit	Sec.	Twp.	Rge.	Is gas actual	ly connected?	When ?
liquids, give location of tanks.	i M	<u>i 27</u>	28 N	i 5 W			
If this production is commingled with		other lease or p	ool, give com	mingling o	order number:		
IV. COMPLETION D							
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v Diff Re
Designate Type of Completion - (X) Date Spudded Date Comp	i ol. Ready to Pr	od.	Total Depth	1	<u> </u>	P.B.T.D.	<u>i</u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Formati	on.	Top Oil/G	as Pav	Tubing Depth	***************************************
(D1, 10 to, 101, O1, 0to.)	OI I I		···	l op Oil/O	1 dy	racing Deput	
Perforations			***************************************	J		Depth Casing	Shoe
······································	TUBING	G, CASING	AND CEN	MENTIN	G RECO		
HOLE SIZE		ING & TUBING	*****		DEPTH SET		SACKS CEMI
V. TEST DATA AND	REQUE	ST FOR A	LLOW	ABLE		*********************	***************************************
OIL WE (Test must be after reco	_				exceed top all	owable for th	pt Gr thor C 1
Date First New Oil Run To Tank	Date of Test		Producing N	Aethod (Flo	w, pump, gas		n e v e i
Length of Test	Tubing Pres	sure	Casing Press	sure	Choke Size	· ·	FEB - 319
Actual Prod. During Test	Oil - Bbls.		Water - Bbl	s.	······································	Gas - MCF	OIL CON
GAS WELL							Dia
Actual Prod. Test - MCF/D	Length of T	est	Bbls. Conde	nsate/MMC	F	Gravity of Co	ndensate
Tortion Mathed Calana Uniteres	Tukin D	(Classic)	Code	(01 : :	-\	Ch.1 Ci	- 44
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in		n)	Choke Size	