Sub ait 5 Copies Appropriate District Office <u>DISTRICT I</u> 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

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 8750004-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.											
Operator Meridian Oil Inc.					Well API No. 3003925283						
Address					i V	<u> </u>	<u></u>				
P.O. Box 4289, Far Reason(s) for Filing (Check proper box)	mington, N	lew Mexico	87499		Other (Please	avaloui.					
New Well		Change in T	ransporter of:			explain)					
Recompletion	Oil	Change in 1	Dry Gas								
Change in Operator	Casinghead	l Gas X	Condensate								
	Casinghead	I Gas 🔨	Condensate		ricter G	20# 2	805457	7			
If change of operator give name		<i>C</i> (,								
and address of previous operator	T T A BITS E	Goberna	der per	7744	Ù			••••••••••••••••••••••••			
II. DESCRIPTION OF WE	LL AND I	LEASE Pool Name, Inch	Iding Formation		Kind of Lease		Lease No.	***************************************			
San Juan 28-5 Unit 74/2 ()	227	Basin FRC	7/62	9	State, Feder	ral or Fee	nmsF 07	19250			
Location	02.5	***************************************	7			***************************************		1000			
Unit Letter M Section 11	935 Township	Feet form the 28 North	South Range	Line and 5 West	790	Feet From The	West Rio Arriba	Line			
III. DESIGNATION OF TR			*****	*******	******	***************************************	No Amba	County			
Name of Authorized Transporter of Oil		or Condensate		******		ich approved copy	of this form to be	sent)			
	· X					P.O. Box 4289, Farmington, NM 87499					
Name of Authorized Transporter of Casinghe	\mathbf{X}							sent)			
EPNG 2815450 If well produces oil or	Unit	Sec.	Twp.	P.O. Box	1990, Farmi	ngton, NM 8	***************************************	************************			
liquids, give location of tanks.	¦Μ `````	1//	28	510	is gas actually	connected?	When ?				
If this production is commingled with that fro	m any other lease	or pool, give com	mingling order r	number:			- 	***************************************			
IV. COMPLETION DATA			******************								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	i Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded Date Compl. F	Ready to Prod.		Total Depth	<u>.</u>	· ·!···· • ······· • · · · · · · · · · · ·	P.B.T.D.	<u>.i</u>	·			
Elevations (DF, RKB, RT, GR, etc.)	- 1			F245-444-444-444-444			************************				
Elevations (DF, RRB, R1, GR, etc.)	Name of Produ	cing Formation		Top Oil/Gas	Pay	Tubing Depth					
Perforations	-å			<u></u>	******	Depth Casing Sh	oe	•••••••••••••••••••••••••••••••••••••••			
	TUBI	NG, CASINO	G AND CEM	ENTING	RECORD	***************************************					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		***************************************	S	ACKS CEMENT			
		***************************************		ļ	*****	ME	1 6 80	74) 			
V. TEST DATA AND REQ	UEST FO	R ALLOW.	ABLE	<u>.</u>				M			
OIL WEL (Test must be after recovery of				ceed top allov	wat le for this de	ાં કર્યો કું epth or be fa r ifiell	24 hours.)				
Date First New Oil Run To Tank	Date of Test				mp, gas lift, etc.		2 O 1994				
Length of Test	Tubing Pressur	·e	Casing Pressure		Choke Size	OIL C	ON THE	7			
						\Di	ST.	7 .			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas - MCF		***************************************			
GAS WELL		***************************************	1								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensa	te/MMCF		Gravity of Conde	ensate				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		*****	Choke Size						
						Choke bize					
VI. OPERATOR CERTIFIC							***************************************	***************************************			
I hereby certify that the rules and regulat				o	IL CONS	ERVATIO	N DIVISIO	N			
been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JAN 2 0 1993						
Thannon McMe	16,			Date App	roved		1000	***********************			
Signature	uru	******		By		3 - 25 6	d. 1				
Shannon McMorris											
Printed Name Title				Title SUPERVISOR DISTRICT #3							
1/18/94	·	505-326-952	*****			***************************************	***************************************				
Date		Telephone N	0.								

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 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 for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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DISTRICT H

P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					Tay in a pray					
Meridian Oil Inc.					Well API No. 20.039.25.283					
Address	***		**********	*********	·	1200		*****************		
P.O. Box 4289, Far	mington, N	New Mexico	87499							
Reason(s) for Filing (Check proper box)					Other (Please	explain)		***************************************		
New Well		Change in Tr	ransporter of							
Recompletion	Oil	- ·- 	Drv Gas							
Change in Operator	Casinghead	i Gas X	Condensate							
			Condonsare							
If change of operator give name	***************************************			***********	****					
and address of previous operator										
II. DESCRIPTION OF WE	LL AND I	LEASE	*****************	*****	**** (-********************************	***************************************	****	**************		
Lease Name	Well No. Pool Name, Including Formation				Kind of Lease					
San Juan 28-5 Unit	227	West Kutz P	<u>C Gober</u>	Moder	State, Fede	ral or Fee	nmsF-07	19250		
Unit Letter [73]	935	Feet form the	South	*******	700	D . D . 201				
Section 11	Township	28 North	Range	Line and 5 West	790 NMPM.	Feet From The	West Rio Arriba	Line		
[***************************************	TER OF O	·	*********		***************************************	Kio Allioa	County		
Name of Authorized Transporter of Oil		or Condensate				ish approved some	of this farm at 1			
Meridian Oil Inc		or condensate	X	Address (Give address to which approved copy of this form t P.O. Box 4289, Farmington, NM 87499				sent)		
Name of Authorized Fransporter of Casinghe	Name of Authorized Transporter of Casinghead Gas or Dry Gas			*****	Address (Give address to which approved copy of this form			cent)		
EPNG	_		X		4990, Farmington, NM 8					
If well produces oil or	Unit	Sec.	1 Twp.	Rge.	Is gas actually		When ?	*************************		
liquids, give location of tanks.	im	<u>:</u> 11	128 N	15ω						
If this production is commingled with that from	m any other leas	or pool, give com	mingling order	number:						
IV. COMPLETION DATA										
N : T	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion - (X) Date Spudded Date Compl. I	Leady to Prod	·	Total Depth	: 	! 	P.B.T.D.		i L		
,	to Frod.		Total Depui			F.D.1.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	icing Formation		Top Oil/Gas	Pay	Tubing Depth	***************************************			
	<u> </u>				****					
Perforations	(FIT I Van I				****	Depth Casing Sh	oe			
HOLE SIZE	·	ING, CASING	*************************	ENTING	**** -******		· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE CASING & TUBING			SIZE		DEPTH SET		S.	ACKS CEMENT		
		***************************************			***************************************		<u> </u>			
V. TEST DATA AND REQ	HEST FO	PALLOW	ADIF	<u> </u>		•				
OIL WEL (Test must be after recovery of										
Date First New Oil Run To Tank	Date of Test	nodu on & musi i	Producing Met	hod (Flow, pu	mp, gas lift, etc.	pin or ne jor juil .)	24 hours.)			
					, ,	en E	MEIU			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	TO BE				
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Ger MCE .		<i>y</i> 1		
	DOIS.		Water - Dois.		F. 63	Gas ANT 20	19941			
GAS WELL	-i			***************************************		ar and a second	I DIV			
Actual Prod. Test - MCF/D	Length of Test	***************************************	Bbls. Condensa	te/MMCF		Ol Ey or Conde	nsa			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		***************************************	DIO				
resemble Method (phot, back pr.)						Choke Size				
VI. OPERATOR CERTIFIC	CATE OF	COMPLIA	NCE	Y		<u></u>		·		
hereby certify that the rules and regulat					H CONG					
been complied with and that the informat	ion given above	is true and complet	te to the	U	IL CONS	ERVATION		N		
best of my knowledge and belief.					JAN 2 0 1993 Date Approved					
Mannon McMorrie					roved	***************************************	A			
Signature Signature	nu .	*****************		D.	-3	المناة	d) /			
Shannon McMorris										
Printed Name	Production Assistant Title			Title	St	PERVISOR	DISTRICT	#3		
1/18/94 505-326-9526					***************************************		****************			
Date		Telephone No	D.							
INCTOLICTIONS. TILL			THE OWNER OF THE OWNER OF THE OWNER, THE OWN		ered Processic (Calendaria					

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