

OIL CONSERVATION DIVISION

**P.O. Box 2088
Santa Fe, New Mexico 87504-2088**

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | | |
|--|-------------------------------------|--|---|
| Operator | | Well API No. | |
| Meridian Oil Inc. | | | |
| Address | | | |
| P. O. Box 4289, Farmington, NM | | | |
| Reason(s) for Filing (Check proper box) | | | |
| New Well | <input type="checkbox"/> | Change in Transporter of: | <input type="checkbox"/> Other (Please explain) |
| Recompletion | <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Operator | <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> | Effective 11-7-89 |
| If change of operator give name and address of previous operator | | Chevron U.S.A. Inc. P. O. Box 599, Denver, Co. 80201 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|---|-----------|
| Lease Name Douthitt "C" Federal | Well No. 2 | Pool Name, Including Formation Basin Dakota in RTZ PC | Kind of Lease State (Federal) or Fee | Lease No. |
| Location Unit Letter L : 1850 Feet From The South Line and 790 Feet From The West Line Section 27 Township 27N Range 11W NMDM San Juan 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) P.O. Box 1000, [redacted], TX | |
| Name of Authorized Transporter of Cashead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | | | | Address (Give address to which approved copy of this form is to be sent) Box 1, [redacted], TX | |
| If well produces oil or liquids, give location of tanks. | | | | Unit L | Sec. 27 |
| | | | | Twp. 27N | Rge. 11W |
| | | | | Is gas actually connected? TA | 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 | | | |
| Perforations | | | | | | 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 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 | RB/a. 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 Bradford
 Printed Name Peggy Bradford - Regulatory Affairs
 Date 11-13-89 Title 505-326-9700
 Telephone No. _____

OIL CONSERVATION DIVISION

NOV 21 1989

Date Approved _____

By James D. Chang

SUPERVISOR DISTRICT 13

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 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.