

District 5 Cores  
Appellate District Office  
DISTRICT 5  
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  
P.O. Drawer JD, Arama, NM 88210

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Meridian Oil Inc. Well API No. 30-045-21409

Address PO Box 4289, Farmington, NM 87499

Reasons for Filing (Check proper box)  
New Well  Change in Transporter of:  Other (Please explain)   
Recompletion  Oil  Dry Gas   
Change in Operator  Casinghead Gas  Condensate   
If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Huerfano Unit</u>	Well No. <u>258</u>	Pool Name, including Formation <u>Fulcher Kutz Pic.Cliffs</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM-03017</u>
Location Unit Letter <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>36</u> Township <u>27</u> Range <u>10</u> , <u>NMPM</u> San Juan County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
Meridian Oil Inc. 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  or Dry Gas   
El Paso Natural Gas Company 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 P Sec. 36 Twp. 27 Rge. 10 Is gas actually connected?  When? \_\_\_\_\_  
If this production is commingled with that from any other lease or pool, give commingling order number: R-9921

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
		X	X			X		X
Date Spudded <u>03-26-74</u>	Date Compl. Ready to Prod. <u>02-21-94</u>		Total Depth <u>6153'</u>			P.B.T.D. <u>2281</u>		
Elevations (DF, RKB, RT, GR, etc.) <u>6496'</u>	Name of Producing Formation <u>Pictured Cliffs</u>		Top Oil/Gas Pay <u>2248'</u>			Tubing Depth <u>2211'</u>		
Perforations <u>2248-55'</u>							Depth Casing Shoe	

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>208'</u>	<u>183 cu.ft.</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>6153'</u>	<u>1166 cu.ft.</u>
	<u>2 3/8"</u>	<u>2211'</u>	

**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 WELL**

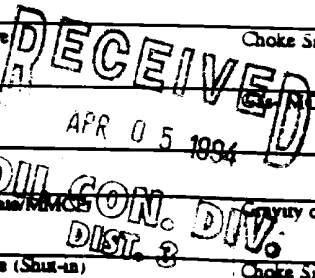
Actual Prod. Test - MCF/D 58 Length of Test \_\_\_\_\_ Bbls. Condensate/MCF SI 501 Gravity of Condensate \_\_\_\_\_  
Testing Method (pump, back pr.) backpressure Tubing Pressure (Shut-in) SI 500 Casing Pressure (Shut-in) SI 501 Choke Size \_\_\_\_\_

**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.  
Peggy Bradfield  
Signature \_\_\_\_\_  
Peggy Bradfield Regulatory Rep.  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
03-29-94 326-9700  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

**OIL CONSERVATION DIVISION**

Date Approved MAY 19 1994  
By [Signature]  
Title SUPERVISOR DISTRICT #8



**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.

Submit 5 Copies  
Aerospace District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Arama, NM 88210

DISTRICT III  
1000 Rio Brazos 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

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Revised 1-1-89  
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at Bottom of Page

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. Operator**  
 Meridian Oil Inc. Well API No. 30-045-21409

**Address**  
 PO Box 4289, Farmington, NM 87499

**Reason(s) for Filing (Check proper box)**

New Well  Change in Transporter of:  Other (Please explain)

Recompletion  Oil  Dry Gas

Change in Operator  Casinghead Gas  Condensate

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Huerfano Unit	Well No. 258	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. NM-03017
Location				
Unit Letter P	: 990	Feet From The South	Line and 990	Feet From The East
Section 36	Township 27	Range 10	, NMPM, San Juan County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil or Condensate Meridian Oil Inc. <span style="float: right;">131550</span>	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 or Dry Gas El Paso Natural Gas Company <span style="float: right;">132530</span>	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 P Sec. 36 Twp. 27 Rgs. 10

is gas actually connected? When? R-9921 DHC-97

If this production is commingled with that from any other lease or pool, give commingling order number: 131550

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
		X	X			X		X
Date Spudded 03-26-74	Date Compl. Ready to Prod. 02-21-94		Total Depth 6153'			P.B.T.D. 2281		
Elevations (DF, RKB, RT, GR, etc.) 6496'	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2090'		Tubing Depth 2211'			
Perforations 2090-2123', 2181-2233'					Depth Casing Shoe			

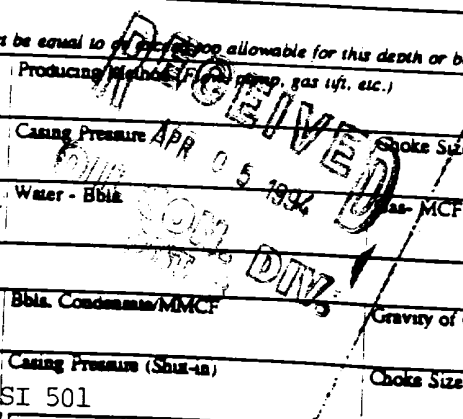
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	208'	183 cu.ft.
7 7/8"	4 1/2"	6153'	1166 cu.ft.
	2 3/8"	2211'	

**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 greater than 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

**GAS WELL**

Actual Prod. Test - MCF/D 196	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (posit, back pr.) backpressure	Tubing Pressure (Shut-in) SI 500	Casing Pressure (Shut-in) SI 501	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.

*Peggy Bradford*  
 Signature  
 Peggy Bradford Regulatory Rep.  
 Printed Name  
 03-29-94 Date  
 326-9700 Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved MAY 19 1994

By [Signature]

Title SUPERVISOR DISTRICT 13

- 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.
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