

Subsect 5 Corner
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

OIL CONSERVATION DIVISION

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

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

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. 30-045-23842

Address PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

NAME CHANGE from Marshall #1E
at request of NMOC

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|---|---|-------------------------------|
| Lease name <u>Marshall Com</u> | Well No. <u>1E</u> | Pool Name, including Formation <u>Basin Dakota</u> | Kind of Lease <u>State, Federal or Fee</u> | Lease No. <u>SF-078357</u> |
| Location Unit Letter <u>P</u> <u>960</u> Feet From The <u>South</u> Line and <u>1070</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>27</u> Range <u>9</u> , <u>NMPM</u> , <u>San Juan</u> 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"/> <u>Meridian Oil Inc.</u> | Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4289, Farmington, NM 87499</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas</u> | Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4990, Farmington, NM 817499</u> |
| If well produces oil or liquids, give location of tanks. | Unit <u>14</u> Sec. <u>27</u> Twp. <u>9</u> Rge. <u>9</u> is gas actually connected? <u>When ?</u> |

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 <input type="checkbox"/> | Gas Well <input checked="" type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res v <input type="checkbox"/> | Diff Res v <input type="checkbox"/> |
| 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 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. |

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OIL CON. DIV.
DIST. 3

GAS WELL

| | | | |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pucl, 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
Peggy Bradfield Regulatory Rep.

Printed Name 4-7-94 Title 326-9700

Date 4-7-94 Telephone No. 326-9700

OIL CONSERVATION DIVISION

Date Approved APR 1 1 1994

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.