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

## **OIL CONSERVATION DIVISION**

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	TO TRAINS	ONI OIL	VIAD IA	$\Delta I \cup I u$		<u> </u>			
Operator MERIDIAN OIL, INC.						Well	NO. 30-045-23	843	
Address	MINGTON, NEW MEXICO 8749	9-4289							
Reason(s) for Filing (Check pr		<u> </u>		∠ Other	(Please expl	ain)	·		
New Well	Change in Trans	porter of:			err Constant	ECTIVE	3		
Recompletion	Oil 🔲	Dry Gas		_	001	17 38	<u>)                                    </u>		
Change in Operator X  If change of operator give name	Casinghead Gas	Condensate	<u> </u>						-
and address of previous operator	UNION OIL COM	PANY OF CALIFORNIA	A DBA UNOCA	AL, 3300 N. E	BUTLER SUIT	E 200, FARMI	NGTON, NE	W MEXICO 87401	
II. DESCRIPTION	OF WELL AN	D LEASE							
Lease Name LODEWICK			Pool Name, Including Forms BASIN DAKO				FEDERAL Fœ	Lease No. NM-02861	
Location Unit Letter L	: 1835'	Feet From The	SOUTH	Line and	850'	Feet From Th	E	WEST Lin	æ
Section 19	Fownship 27N	Range	 9W	- ,NMPM.		SAN JUAN		County	
				<del></del>					· -
III. DESIGNATIO			- :						
me of Authorized transporter of Oil . □ or Condensate ☑  MERIDIAN OIL, INC.				Addison BO Reint Selection to the high High High Collection of the hotel to be sent					
Name of Authorized Transporter of C			X					py of this form is to be sent) NM 87499	
If well produces oil or liquids, give location of tanks.	Unit Se	c. Twp.	Rge.	is gas actu	ally connecte	d?	When?		
If this production is commingled with	that from any other lease or po	ol, give commingling o	order number:	<u> </u>			1		
W COMPLETION	LDATA								
IV. COMPLETION	UAIA		ruz		1				
Designated Type of Completion	n = 00	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	: Same Res'v D 	iff Res'
Date Spudded	Date Comp. Read	dy to Prod.	 	Total Depti	<u> </u> h		P.B.T.D.	<u> </u>	
Elevations (DF, RKB, RT,GR, etc.)	Name of Producing	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
Perforations							Depth Casi	ng Shoe	
	TUBING	CASING A	ND CE	MENT	ING R	ECOR	)S 🥷 4	6 <b>2</b> 8 <b>6</b> 9	(SE) Log
HOLE SIZE		TUBING, CASING AND CE			DEPTH SET			SACKS CEME	NŦ
							No.		
						<del></del>	JÂ	N <del>2 9 1993</del>	
								Protest for	
V. TEST DATA AI	ND REQUEST	FOR ALLC	WABL	E.			)	DIST.	•
OIL WELL (Test mus	t be after recovery of total volun	ne oficad oil and must	be equal to o	exceed top	allowabove i	for this depth	or be for full .		
Date First New Oil Run To Tank Date of Test				Producing	Method	(Flow, pump, gas,	lift, ect.)	· · · · · · · · · · · · · · · · · · ·	
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			1	
		Oil Bbis.			Water - Bbls.				
Actual Prod. During Test	OH - BDB.			Water - B	D85.		Gas - MCI	-	
GAS WELL									
Actual Prod. test- MCF/D	Length of Test			Bbls. Cond	densate/MMC	F	Gravity of C	ondensate	
Testing Method(pitol, back pr.)	Tubing Pressure (S	hut-in)		Casing Pre	essure (Shut-	-in)	Choke Size	<del></del>	
	<u> </u>					<b>-</b>	~~,		
VI.OPERATOR C	ERTIFICATE O	F COMPL	IANCE						
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION				
Division have been complied with is true and complete to the best of		bove		i					
$\varphi$ ,.	1/1	•				14	N 2 9 1	993	
Signatura Lalle Kahwa				Date Aproved JAN 2 9 1993					
LESLIE KAHWAJY, PRODUCTION ANALYST					By Bin Chan				
Printed Name JANUARY 22, 1993 (505) 326-9700				Title SUPERVISOR DISTRICT #3					
Date	Telephone No.			₁ ··"∪					

INSTRUCTIONS: This form is to be filled 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.