Submit 5 Copies 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

DISTRICT II

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

1.											
Operator Meridian Oil Inc.						Well API No. 3004528964					
Address	O Box	4289 Far	mington 1	New Mexico	87400		<u>. i</u>	3004328304	r		
Reason(s) for Filir	ng (Check pro	per box)	mington, 1	1CW MICAICO	0 1 4 9 9		Other (Pleas	o and in		***************************************	
New Well		` -		Chamas in T		_		e expiain)			
Recompletion			0.1	Change in T							
1	L	==	Oil	===	Dry Gas	X					
Change in Op	erator		Casinghead	1 Gas	Condensat	e					
If change of o	-				······································		***************************************		***************************************		
and address of	_	-			***************************************						
II. DESCR	IPTION	OF WE	**********								
Lease Name Rhodes C			Well No.	Pool Name, Incl	_		Kind of Lease		Lease No),	
Location	<u></u>		101	Basin Fruitla	and Coal	***************************************	State, Fede	eral or Fee	SF080844	***************************************	
Un	it Letter	N	100	Feet form the	South	Line and	2270	Fact Faces The	Wast		
Sec	ction	30	Township	28 North	Range	11 West	*************	Feet From The	West San Juan	Line	
III. DESIG	NATIO	V OF TR	ANSPOR	TER OF O		VATURA	L GAS	***************************************	Sall Juan	County	
Name of Authorize	ed Transporte	r of Oil		or Condensate	X	•••	*****	ich approved conv	of this form to h	ne sent)	
Meridian Oil Inc						Address (Give address to which approved copy of this form to be sent) P.O. Box 4289, Farmington, NM 87499					
Name of Authorize		r of Casinghea	mead Gas X or Dry Gas			Address (Give address to which approved copy of this form to be sent)					
El Paso Natura	***********	•••••••••••••••••••••••••••••••••••••••	<u></u>	i		P.O. Box	4990, Frmi	ngton NM 874	99		
If well produces of			Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When ?		
liquids, give location	********		: N	30	1 28N	11W	<u> </u>	***************************************		*****	
If this production is IV. COMP	i FTION	I WILLI LITAL IFOR	n any other tease	er pool, give com	ımıngling order	number:			***************************************	<u></u>	
IV. COMI	LETTON	DAIA	; Oil Well	ı Gas Well	1 New Well	3771		***************************************			
Designate Type of	Completion -	(X)	i on wen	l Gas Well	i New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. R	eady to Prod.		Total Depth	<u>_</u>	.1	P.B.T.D.	<u></u>	<u>i</u>	
Flevations (DF DF	O DT CD	ode \	777			***************************************					
Elevations (DF, RKB, RT, GR, etc.)		etc.)	Name of Producing Formation			Top Oil/Gas Pay Tubing Depth					
Perforations			<u> </u>		*****************	<u> </u>		- 1	1		
	*****************		TUBI	NG, CASING	AND CEN	IENTING	PECORD	Depth Casing She	14 65 1. 91		
HOLE SIZE		***************************************	CASING & TUBING SIZE								
						DEPTH SET SACKS CEMENT					
V. TEST D	ATA AN	D REQI	JEST FOI	R ALLOW.	ABLE	***************************************	, D3	3 . d /	<u> </u>		
OIL WEL (Te:	st must be afte	er recovery o	f total volume oj	fload oil & must b	e equal to or ex	ceed top allow	vable for this d	enth or he for full 2	A hours		
Date First New Oil	Run To Tank	(Date of Test		Producing Met	hod (Flow, pu	mp, gas lift, etc.)	7 HOUTS.)		
Length of Test			Tubing Pressure Casing Pressur								
Songar of Test			Tubing Flessur	е	Casing Pressur	e	Choke Size	hoke Size			
Actual Prod. During Test			Oil - Bbls.		Water - Bbls.		Gas - MCF				

GAS WELL Actual Prod. Test -	MCET		*:							***************************************	
Actual Frod. Test -	MCF/D		Length of Test		Bbls. Condensa	ite/MMCF		Gravity of Conder	isate		
Testing Method (pit	tot, back pr.)	***************************************	Tubing Pressure	e (Shut-in)	Casing Pressur	e (Shut-in)	***************************************	Choke Size			
***************************************				,,	1	(Ollut-III)		Choke Size			
VI. OPERA	TOR CI	ERTIFIC	CATE OF	COMPLIA	NCE	[J			
I hereby certify	y that the rule:	s and regulation	ons of the Oil Co	onservation Divisio	on have	0	II CONC	EDMATION	IDDUCK	>> T	
been complied with and that the information given above is true and complete to the						OIL CONSERVATION DIVISION					
best of my knowledge and belief.					Date Appr	oved	FEB 1	6 1994			
102110	n 91	1:11703	in L			Date Appl	oveu	***************************************	7		
Signature		The second secon	a.T. M	**************	***************************************	By	7	(المندة	Hram/		
Shannon McMorris			Production Assistant			SUPERVISOR DISTRICT #3					
Printed Name			Title								
2/15/94			505-326-9526				***************************************				
Date	NIC =			Telephone No							
INSTRUCTIO	/NS: T	nis form is	s to be filed	in compliance	e 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.