ubnit 5 Copies .ppropriate District Office !ISTRICT I !O. Box 1980, 1k/bbs, NM 88240 USTRICT II O. Drawer DD, Anesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Hottom of Page

OIL CONSERVATION DIVISION

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

DISTRICT III OUD Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l	TOTRA	NSPORT OIL	TAN DNA	URAL GA					
						PI No. 452528400			
Address P.O. BOX 800, DENVER,	COLORADO 8020	1							
Reason(s) for Filing (Check proper box)			Othe	s (Please explu	iin)				
New Well	· K-1	Transporter of:							
Recompletion	<u> </u>	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 Well No. Pool Name, Including				ne Formation Kind			of Lease No.		
WILCH	3E BASIN DAKOTA (PRORATED GAS				1	Federal or Fee			
Location	1770	Feet From The	FSL Line	90	0	et From The	FEL	Line	
Unit Letter	29N	Qω				JUAN			
Section Township	2	Range 04	, NN	прм,	DAN	JUAN		County	
III. DESIGNATION OF TRAN. Name of Authorized Transporter of Oil	SPORTER OF OIL			altess to wh	ich approved	copy of this form	is to be sen	u)	
HODEN AND THE COLUMN T									
MERIDIAN OIL INC. 35.35 EAST 30TH STREET, FARNINGTON NM 8 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)								4)87401	
EL PASO NATURAL GAS COMPANY P.O. BOX 1492 EL PASO TX 79978 If well products oil or liquids, Usat Sec. Twp Rge. Is gas actually connected? When?									
If well produces oil or liquids, Usat Sec. Twp. Rge. Is gas actually connected? When?									
If this production is commingled with that I IV. COMPLETION DATA	from any other lease or	pool, give commingl	ing order numb	er:					
	(V) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Designate Type of Completion -	Date Compl. Ready to	Prod.	Total Depth		Il	P.B.T.D.		l	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
regoratous						Depair Casing an			
		CASING AND			<u>D</u>		VO 05145		
HOLE SIZE	CASING & TU	IBING SIZE		DEPTH SET	205	₩ F 111 1	KS CEME	.N1	
	ļ			(D)- 1			li		
			 	—- W -			y		
				AUG2 3			1990		
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE	L			- 10			
[][W LL (Test must be after recovery of total volume of load oil and must be equal to or exceed top a particular and a refer or be for full 24 nows.)									
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, 100) 1546.)									
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - libis.	Water - Bbls.			Gas- MCF				
	L		L			l			
GAS WELL Actual Proof Test - MCF/D	Leagth of Test		Bbls. Conden	LIKIMMCF		Gravity of Cond	coule		
Actual Prod. Test - MC17D	Length to Test	Hote Concensionation							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC				JII CON	ISERV	וח ואסודג	VISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				. Auc 9 2 1000					
to the day of the tent of the second of the province of the political.				Date Approved AUG 2 3 1990					
D. D. Shley									
Signature Doug W. Whaley, Staff Admin. Supervisor				By 3					
Printed Name Title July 5, 1990 303=830=4280				Title SUPERVISOR DISTRICT 13					
Date Date	Tele Tele	phone No.					ابسوا		

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 fited for each pool in multiply completed wells.