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Appropriate District Office
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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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.		Well API No.
Address PO Box 4289, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <i>Water 1401150</i> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <i>Pool Change from WC FRT</i>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Morris A	Well No. 6	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>L</u> : <u>1550</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>21</u> Township <u>30N</u> Range <u>11W</u> , NMPM, San Juan 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"/> Meridian Oil Inc. <i>1401150</i>	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company <i>1401130</i>	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 <u>L</u>	Sec. <u>21</u>
	Twp. <u>30N</u>	Rge. <u>11W</u>
Is gas actually connected?		When?

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		<u>X</u>				<u>X</u>		<u>X</u>
Date Spudded <u>02-14-56</u>	Date Compl. Ready to Prod. <u>09-11-89</u>		Total Depth <u>2197'</u>		P.B.T.D. <u>2143'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>5791' GL</u>	Name of Producing Formation <u>Fruitland Coal</u>		Top Oil/Gas Pay <u>2105'</u>		Tubing Depth <u>2127'</u>			
Performances <u>2105-2131' w/4 spf</u>					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>9 5/8"</u>	<u>133'</u>	<u>100 SX</u>
	<u>7"</u>	<u>2152'</u>	<u>150 SX 75</u>
	<u>1 1/4"</u>	<u>2127'</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 - MCF

free 11-9-89

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) SI TSTM	Casing Pressure (Shut-in) SI 184	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 correct to the best of my knowledge and belief.

Peggy Bradfield
Signature
Peggy Bradfield Reg. Affairs
Printed Name
10-20-89 Date
326-9700 Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 09 1989
By Original Signed by FRANK T. CHAVEZ
Title SUPERVISOR DISTRICT 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.