Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NIM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Meridian Oil Inc.									AI NO.			
P O Roy 1280 Fam	minaton	NM	07406			<u>-</u>						
P. O. Box 4289, Far Research(s) for Filing (Check proper box	mington	, NM	87499)								
New Weil	,	Change i	a Tones		Od	net (Please e	ocpiain)					
Recompletion	Oil		Dry G	~~	⊏£	footiu	_ 11 /	1 /01				
Change in Operator	Casinghe	nd Gas	Conde	_	C. [fective	5 11/	1/91				
change of operator give name nd address of previous operator												
												
I. DESCRIPTION OF WELL	L AND LE											
Trigg	Well No. Pool Name, Inch			-				Kind of Lease State, Federal or Fee		Lease No.		
ocation		<u> </u>	БІс	inco Me	<u>saverde</u>			34.	Legislati Ot Lee	SF0	80876	
Unit Letter N	. 95	0	East B	T S	outh ,	1	1850			Most		
			_ reat r	TOM THE	<u> </u>	•	1030	Fe	et From The _	West	Lin	
Section 25 Towns	hip 31	N	Range	9	W		San Ju	uan			County	
IL DESIGNATION OF TRA	NCDADTE	TD OF O	TT A B	TA BIA ME								
Annual or vermonisters sussibilities of Off	MOLOKIE	or Conde	IL AN		Address (Giv	a address to	u.bisb s					
Meridian Oil Inc.					Address (Give address to which ap P. O. Box 4289, Fa			armington, NM 87499				
Name of Authorized Transporter of Casi	nghead Gas		or Dry	Gas X	Address (Giv	e address to	which as	Dorowed	copy of this fo	1 0/4:		
Sunterra Gas Gather			<u>,</u>		P. O. I	<u>3ox 189</u>	9, Bi	oomf	ield, NN	1 8741	13	
f well produces oil or liquids, we location of tanks,	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	7	When				
this production is commingled with the	from sev or							L				
V. COMPLETION DATA	. nom any on	ner teams Of	hoor 81/	e commingi	rad ouget array	Der:						
P		Oil Well		Gas Well	New Well	Workover	D-	epen	Piece Death I			
Designate Type of Completion		<u> </u>	i	_				eben l	Plug Back	same Kes v	Diff Res'v	
ate Spudded	Date Com	pl. Ready to	Prod.		Total Depth			1	P.B.T.D.			
evalions (DF, RKB, RT, GR, etc.)	Name of B				Top Oil/Gas I							
() () () () () () () () () ()	Name of Producing Formation				Top Ollicas Pay				Tubing Depth			
erforations									Depth Casing	Shoo		
									Scher Caring	Side		
		UBING,	CASIN	NG AND	CEMENTING RECORD				<u> </u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
	 											
TEST DATA AND REQUE	ST FOR A	LLOWA	BLE									
IL WELL Test must be after a	recovery of lo	tal volume o	of load o	il and must i	be equal to or	exceed top a	ilowable	for this	depth or be for	full 24 ho	urs.)	
ate First New Oil Run To Tank			Producing Method (Flow, pump, gas lij				n. euc.) O EGE					
ength of Test	Tubing Pressure				Corios Process							
•	Tubing Fleastle				Casing Pressure				Choke Size		: 1001	
tual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF	NOV_	<u>& 1997.</u>	
									A	CO	M. Di	
AS WELL										Die.		
tual Prod. Test - MCF/D	est			Bbls. Condensate/MMCF				DIST. 3				
									••	_		
ting Method (pisot, back pr.)	Tubing Pres	unire (Shut-	m)		Casing Pressur	e (Shut-in)	·		Choke Size	- Charles and	<u> </u>	
ODED ATOD CUDATION	A 7787 67											
OPERATOR CERTIFIC	ATE OF	COMPI	LIAN	CE			NCE	D\/A	TION D	11 (10)		
I hereby certify that the rules and regule Division have been complied with and	Mices of the (that the inform	Dil Conserva Nation sives	BLIOR Bahous				10E	HVA	TION D	IVISIC	M	
is true and complete to the best of my	CDOMPORE SOC	belief.	- 			A -		Aic)\/	0.4		
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Blill 4	July	val	<u>M</u> .						1			
Signature Leslie Kahwajy	/ Product	tion (n $d_{\rm VS}$	-	Ву		3.	\leftarrow				
Printed Name			Title	-			SUP	=RVIC	OR DIST	<i>i</i> *		
11/1/01	ENE 224		-	- 11	Title			: : A : C	TRIU NO	HICT #		

<u>505-</u>326-9700 Telephone No.

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.