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Appropriate District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

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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

I. Operator Meridian Oil, Inc. Well API No. \_\_\_\_\_

Address P.O. Box 4289, Farmington, New Mexico 87499

Reason(s) for Filing (Check proper box) ☐ New Well ☐ Recompletion ☒ Change in Operator ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☒ Other (Please explain) \_\_\_\_\_

If change of operator give name and address of previous operator Amoco Production Company, P.O. Box 800, Denver, Colo. 80201

Effective 11/1/89

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9 Unit Well No. 18 Pool Name, including Formation Blanco Mesa Verde Kind of Lease USA State, Federal or Fee SF-078386

Location Unit Letter L : 1850 Feet From The South Line and 890 Feet From The West Line

Section 17 Township 31N Range 09W , NMPM San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Meridian Oil Transportation, Inc. Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, N.M. 87499

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, N.M. 87499

If well produces oil or liquids, give location of tanks. Unit L Sec 17 Twp 31N Rge. 09W Is gas actually connected? Yes 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
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 complete to the best of my knowledge and belief.

Signature Peggy Bradfield Printed Name Peggy Bradfield - Regulatory Affairs Title \_\_\_\_\_ Date 10/28/89 Telephone No. (505) 326-9700

OIL CONSERVATION DIVISION

Date Approved OCT 30 1989 By [Signature] 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.