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Aboodona District Office
DISTRICT
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

OIL CONSERVATION DIVISION

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

DISTRICT
P.O. Drawer DD, Artesia, NM 88210

DISTRICT
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator _____ Well API No. _____
Address _____
P.O. Box 2120 Houston, TX 77252-2120
Reason(s) for Filing (Check proper box) _____ Other (Please explain) _____
New Well _____ Change in Transporter of: _____
Recompletion _____ Oil _____ 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 Formation _____ Kind of Lease _____ Lease No. _____
Seymour 8 Blanco (Mesaverde) State, Federal or Fee SF078505
Location _____
Unit Letter G 1790 Feet From The North Line and 1790 Feet From The East Line
Section 14 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 _____ Address (Give address to which approved copy of this form is to be sent) _____
Meridian Oil Incorporated P.O. Box 4289, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) _____
Union Texas Petroleum Corporation P.O. Box 2120, Houston, Texas 77252-2120
If well produces oil or liquids, _____ Unit _____ Sec. _____ Twp. _____ Rge. _____ Is gas actually connected? _____ When? _____
give location of tanks. _____
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 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 (pvt., back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ 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 complete to the best of my knowledge and belief.

Signature _____
Ken E. White Reg. Permit Coord.
Printed Name _____ Title _____
10-16-89 (713) 968-3654
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved OCT 23 1989
By _____
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.