

Form C-104
Revised 1-1-89
See Instructions
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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Meridian Texas Petroleum Corporation Well API No. _____

Address P.O. Box 2120 Houston, TX 77252-2120

Reasons for Filing (Check proper box) ☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☒ Other (Please explain) _____

☐ Recompletion ☐ 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 Ordhaus Well No. 3 Pool Name, Including Formation Blanco (Mesaverde) Kind of Lease State, Federal or Fee Lease No. SF078508

Location Section 11 Township 31N Range 09W NMPM San Juan County

1075 Feet From The North Line and 790 Feet From The East Line

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) Meridian Texas Petroleum Corporation P.O. Box 2120, Houston, Texas 77252-2120

If well produces oil or liquids, give location of tanks. ☐ Unit ☐ Sec. ☐ Twp. ☐ Rge. 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
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 ☐

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.

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

OIL CONSERVATION DIVISION

OCT 23 1989

Date Approved 3-1-89 By Supervisor 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.