STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

March 2, 1990

Meridian Oil Inc.
P.O. Box 4289
Farmington, NM 87499

RE: State Com K #11, N-16-30N-09W, PC
State Com K #12, E-16-30N-09W, Frt/PC

Gentlemen:

The C-104's approving Meridian Oil Incorporated as operator of the referenced wells are hereby recinded.

The previously approved C-104's for Amoco Production Company are hereby restored to full force and effect.

Sincerely,

Frank T. Chavez
Superintendent
District III
NMOCD

cc: Santa Fe
El Paso Natural Gas Co.
Amoco Production Co.

FC/sh

MERIDIAN OIL

January 15, 1990

Mr. Frank Chavez
State of New Mexico
Oil Conservation Division
1000 Rio Brazos Road
Aztec, New Mexico 87410

Dear Mr. Chavez,

According to our Land Department, Meridian Oil Inc. has erroneously submitted C-104s stating change of operator on the following wells:

State Com K #11 (PC) SW/4 Sec. 16, T30N, R9W
State Com K #12 (Frt/PC) NW/4 Sec. 16, T30N, R9W

Amoco is the operator not Meridian Oil Inc. We wish to withdraw the C-104s. If I need to provide any additional information please let me know.

Sincerely,

Leslie D. Kahwajy

Leslie D. Kahwajy
Production Services Supervisor

LDK/aj

RECEIVED
FEB 2 1990
OIL CON. DIV
DIST. 3

Meridian Oil Inc., 3535 East 30th St., P.O. Box 4289, Farmington, New Mexico 87499-4289, Telephone 505-327-0251

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

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

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): Effective 12/06/88

If change of operator give name and address of previous operator: Amoco Production Company, 1670 Broadway, P. O. Box 800, Denver, Colorado 80201

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
State Com K	11	Blanco Pictured Cliffs		

Location: Unit Letter N : 990 Feet From The South Line and 1835 Feet From The West Line

Section 16 Township 30N Range 9W 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):

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ — Address (Give address to which approved copy of this form is to be sent): P. O. Box 990, Farmington, New Mexico 87499

El Paso Natural Gas

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

(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.)

OIL WELL

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

SEP 06 1989
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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: Peggy Bradfield

Printed Name: Regulatory

Title

Date: 8/30/89

Telephone No.: 505-326-9700

OIL CONSERVATION DIVISION

Date Approved: SEP 06 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.

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

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

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

Energy, Minerals and Natural R 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Amoco Production Company

Well API No.: 3004511806

Address: 1670 Broadway, P. O. Box 800, Denver, Colorado 80201

Reason(s) for Filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Operator [X]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain) [ ]

If change of operator give name and address of previous operator: Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation		Lease No.
STATE COM K	11	BLANCO (PICTURED CLIFFS)	STATE	STATE

Location
Unit Letter N : 990 Feet From The FSL Line and 1835 Feet From The FWL Line

Section 16 Township 30N Range 9W 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)

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]

EL PASO NATURAL GAS COMPANY

Address (Give address to which approved copy of this form is to be sent)
P. O. BOX 1492, EL PASO, TX 79978

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 (pitot, 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.

J. L. Hampton
Signature

J. L. Hampton — Sr. Staff Admin. Supv.
Printed Name — Title

January 16, 1989 — 303-830-5025
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 08 1989

By [signature]

Title SUPERVISION DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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4) Separate Form C-104 must be filed for each pool in multiply completed wells.