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DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088

P.O. Box 2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
Address P. O. BOX 800 DENVER, COLORADO 80201 Reasoning for Fining (Creek proper box) Change in Transporter of: Other (Please explain) New Well One of Profession Other (Please explain) Other (Please explain
Address F. O. BOX 800, DENVER, COLORADO 80201 Reasonaly for filing (Check proper box) New Well Change in Transporter of: Dry Gas Change in Operator Casinghead Gas Dry Gas Condensate [X] If change of operator give name and address of protosts operators II. DESCRIPTION OF WELL AND LEASE Lease Name FEDERAL GAS COM L Well No BASIN DAKOTA (PRORATED GAS) III. DESCRIPTION OF WELL AND LEASE Lease Name FEDERAL GAS COM L Well No BASIN DAKOTA (PRORATED GAS) III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS Name of 14 Township 30N Range 11W NMPM, SAN JUAN County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Audionzed Transporter of Oil Or Or Condensate [X] Address (Give adubters to which approved copy of this form is to be sens) SUNTERRA GAS GATHERING CO. Sunter Gas County Institute Transporter of Casinghead Gas Or Dry Gas [X] Address (Give adubters to which approved copy of this form is to be sens) SUNTERRA GAS GATHERING CO. Sunter Gas County Institute Transporter of Casinghead Gas Or Dry Gas [X] Address (Give adubters to which approved copy of this form is to be sens) SUNTERRA GAS GATHERING CO. Sunter Gas County Institute Transporter of Casinghead Gas Or Dry Gas [X] Address (Give adubters to which approved copy of this form is to be sens) SUNTERRA GAS GATHERING CO. Sunter Gas adubters to which approved copy of this form is to be sens) SUNTERRA GAS GATHERING CO. Twp. Ree. Is gas actually connected? When 7 When 7 Production is comminished with that from any other lease or pool, give commining order number: IV. COMPLETION DATA Designate Type of Conycletion (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv Diff Resv Designate Type of Conycletion (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv Diff Resv Designate Type of Conycletion (CASING & TuBING SIZE DEPTH SET SACKS CEMENT TUBING, CASING AND CEMENTING RECORD TUBING, CASING AND CEMENTING RECORD Popular Casing Shoe TUBING CASING & TuBING SIZE DEPTH SET SACKS CEMENT
Reason(s) for Filing (Check proper box) New Well
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Change in Operator [
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Lease Name FEDERAL GAS COM L 1 Pool Name, lackuding Formation BASIN DAKOTA (PRORATED GAS) State, Federal or Fee Lease No.
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Unit Letter F : 1550 Feet From The Line and 1500 Feet From The Line Section 14 Township 30N Range 11W NMPM, SAN JUAN County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent) MRRIDIAN OIL INC. 3535 FAST 30TH STREET, FARMINGTON, CO 87401 Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) SINTERRA GAS GATHERING CO. Twp. Rge. Is gas actually connected? When ? Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top GivGas Pay Tubing Depth Perforations 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)
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Audionized Transporter of Oil
Name of Authorized Transporter of Oil Or Condensate X MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas Or Dry Gas X SIRNTERRA GAS GATHERING CO. If well produces oil or liquids, I Unit Suc. Twp. Rge. Is gas actually connected? When? When? When? When? When? When? When? When? Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation TUBING, CASING AND CEMENTING RECORD TUBING, CASING AND CEMENTING RECORD 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.)
MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) SINTERRA GAS GATHERING CO. If well produces oil or fliquids, your 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) Date Spudded Date Compl. Ready to Prod. Desponded Date Compl. Ready to Prod. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations 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.)
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Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Clicke Size
Actual Prod. During Test Oil - Bbls. Wat Doil & B V E Dis-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) Tubing Pressure (Shut-In) Casing Pressure (Shut-In) Casing Pressure (Shut-In)
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION
Division have been coundied with and that the information given above
is true and complete to the best of my knowledge and belief. Date Approved JUL 5 1990
St. thly
Signature Doug. W. Whaley, Staff Admin. Supervisor Printed Name Supervisor Supervisor Supervisor Supervisor Title

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.