

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc. Well API No. 30-045-21668

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐

Oil ☐

Dry Gas ☐

Effective 9/17/91

Change in Operator ☒

Casinghead Gas ☐

Condensate ☐

If change of operator give name
and address of previous operator

Union Texas Petroleum Corp.; P.O. Box 2120, Houston, TX -77252-2120

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease State, Federal or Fee | Lease No. |
|------------------|----------|--------------------------------|----------------------------------------|-----------|
| Johnston Federal | 3A | Blanco Mesaverde | | SF078439 |

Location
Unit Letter I : 1470 Feet From The S Line and 900 Feet From The E Line
Section 12 Township 30N Range 09W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Meridian Oil Inc. | P.O. Box 4289, Farmington, NM 87499 |

| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| El Paso Natural Gas Co. | P.O. Box 4990, Farmington, NM 87499 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twsp. | 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.) | Choke Size |
|--------------------------------|-----------------|-----------------------------------------------|------------|
| Length of Test | Tubing Pressure | Casing Pressure | Gas-MCF |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | |

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.

Leslie Kahwajy

Signature

Leslie Kahwajy

Production Analyst

Printed Name

Title

9/20/91

505-326-9700

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 23 1991

By Brian J. Sherry

SUPERVISOR DISTRICT #3

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.