

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

Energy, Minerals and Natural Resources Department

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

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**

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  Change in Transporter of:  Other (Please explain) \_\_\_\_\_

Recompletion  Oil  Dry Gas  Effect: 6-23-90

Change in Operator  Casinghead Gas  Condensate

If change of operator give name and address of previous operator: **Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120**

### II. DESCRIPTION OF WELL AND LEASE

Lease Name: **NORDHAUS** Well No. **1A** Pool Name, including Formations: **BLANCO MESAVERDE** Kind of Lease: \_\_\_\_\_ Lease No.: **SF078508**

Location: Unit Letter **F**: **1890** Feet From The **N** Line and **1490** Feet From The **W** Line

Section **13** 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  **Meridian Oil Inc.** Address (Give address to which approved copy of this form is to be sent) **P. O. Box 4289, Farmington, NM 87499**

Name of Authorized Transporter of Casinghead Gas  or Dry Gas  **Union Texas Petroleum Corp.** Address (Give address to which approved copy of this form is to be sent) **P.O. Box 2120, Houston, TX 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: \_\_\_\_\_

Actual Prod. During Test: \_\_\_\_\_ Oil - Bbls. \_\_\_\_\_ Water - Bbls. \_\_\_\_\_

**RECEIVED**

JUL 03 1990

OIL CON. DIV

### 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** Prod. Serv. Supervisor  
Printed Name: **Leslie Kahwajy** Title: **Prod. Serv. Supervisor**  
Date: **6/15/90** Telephone No.: **(505)326-9700**

### OIL CONSERVATION DIVISION

Date Approved: **JUL 03 1990**

By: *[Signature]*

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.