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uppropriate District Office
PISTRICT 1
U.S. Box 1980, Hobbs, NM 88240 DISTRICT II 20 Drawer DD, Anesia, NM 88210

DISTRICT III 2000 Rio Brazos Rd., Aziec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources 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

AND SOUR PRODUCTION COMPANY P.O. BOX 8000, BENVER, COLORADO 80201 Rescoal) for thing (Check proper has) Counge in Transporter of Change in Transporter of Change in Operator of Change in Operator of Change in Transporter of Change in Operator	l.		TO TRA	NSPC	ORT OIL	AND NA	FURAL GA		Di Nio			
P. O. BOX 800.) DENVER, COLONADO BOZOI REMORDING for lang (Ches proper hos) No. Woll No. Woll No. Woll No. Woll Conge to Operate Conge to Tamoporter of Change in Tamoporter of Change of Operation greater Conge to Operate Conge to Conge to Conge to Conge to Conge to Conge to Operate Conge to C	ANOCO PRODUCTION COMPANY 300								and the second s			
Counge to Transporter of Congress of Out Day Gas Counge and Selected of persons operator		COLORA	DO 8020	01								
IL DESIGNATION OF WELL AND LEASE Lease No.	New Well Recompletion			Dry Gas		Oth	et (Please expla	ain)				
DESCRIPTION OF WELL AND LEASE Lease No.	If change of operator give name				<u> </u>							
E. E. ELLIOTT B 3A BLANCO MESÄVERDE (PRORATED GASMAE, Federal or Fee Location Unit Letter C	•	AND LE	ASE									
Unit Letter C : 1130 Feet From The FNL Line and 1720 Feet From The FVL Line and 26 Township 30N Range 9W NMPM SAN JUAN COURSY III. DESIGNATION OF TRANSPORTER OF OIL, AND NATURAL GAS Name of Authorized Transporter of Ind O'Condomate (X) Addition Give address to which approved copy of that form at to be sent) MERIDIAN OIL INC. Name of Authorized Transporter of Orlanghead Gas or Dry Gas [X] Addition Give address to which approved copy of that form at to be sent) MERIDIAN OLL INC. Name of Authorized Transporter of Changhead Gas or Dry Gas [X] Addition Give address to which approved copy of that form at to be sent) EL PASO MATURAL GAS COMPANY If well produce on for biquids, Unit Soc. Twp Ree Is gas extually connected? When o' Seve Address of Unit Soc. The STAPLINGTON, CO. 87401 Address Give address to which approved copy of that form any other lease or pool, give comminging outer number. When o' Seve Address of Unit Soc. The STAPLINGTON, CO. 87401 Address Give address to which approved copy of that form any other lease or pool, give comminging outer number. When o' Seve Address of Unit Soc. The STAPLINGTON, CO. 87401 Address Give address to which approved copy of that form any other lease or pool, give comminging outer number. When o' Stap Ready to Produce Is a gas extually connected? When o' Stap Ready to Produce Is a gas extually connected? When o' Stap Ready to Produce Is a gas extually connected? When o' Stap Ready to Produce Is a gas extually connected? When o' Stap Ready to Produce Is a gas extually connected? When o' Stap Ready to Produce Is a gas extually connected? When o' Stap Ready to Produce Is a gas extually connected? When o' Stap Ready to Produce Is a gas extually connected? When o' Stap Ready to Produce Is a gas extually connected? When o' Stap Ready to Produce Is a gas extually connected? When o' Stap Ready to Produce Is a gas extually connected? When o' Stap Ready to Produce Is a gas extually connected? When o' Stap Ready to Produce Is a gas extually connected? When o' S	Lease Name Well No. Pool Name, Includ						(PRORATEI					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Audonation Transporter of Oil	C	: 1130 Feet From Tr			m The	FNL Line andFo			et From TheLine			
Name of Authorized Transporter of Ol	Section 26 Townsh	ip30	N	Range	9W	, NI	MPM,	SAN	JUAN		County	
If well produces on or liquides, but lost Soc. Twp Reg It gas actually connected? When 7 previous of that. 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) Due Compl. Ready to Prod. Date Spadded Due Compl. Ready to Prod. Date Spadded Due Compl. Ready to Prod. Date Spadded Due Compl. Ready to Prod. Total Depth Ps.T.D. Tubing Depth Ps.T.D. Tubing Depth Due Spadded Due Compl. Ready to Prod. TUBING, CASING AND CEMENTING RECORD HOLE Size CASING & TuBING Size DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL Total must be after recovery of total values of had oil and must be equal to or exceed top allowable for the depth or be for full 24 hours.) Date First New Oil Run To Lank Date of Test Length of Test Casing Pressure Choke Size GAS WELL Actual Prod. During Test Oil - Ublik. GAS WELL Actual Prod. During Test Oil - Ublik. GAS WELL Actual Prod. During Test Oil - Ublik Die Pressure (Shal-in) Tubing Pressure (Shal-in) Tubing Pressure (Shal-in) Date CANNO DIV Condensate Casing Medical (pind, back pr.) Tubing Pressure (Shal-in) Date Approved JUL 5 1990 Title Supervisor District 13 Title Title Title Title Title Title	Name of Authorized Transporter of Oil MERIDIAN OIL INC. Name of Authorized Transporter of Casin	ghead Gas	or Conder	nsate (X	Address (Gin 3535 Et Address (Gin	AST 30TH e address 10 wi	STREET	FARMIN copy of this f	GTON , CO form is to be se	87401	
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GAS WELL Actual Prod. Test - MCF/D Length of Test Tubing Pressure (Shut-in) 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 Doug W. Whaley, Staff Admin. Supervisor Printed Name Tatle June 25, 1990 303-830-4280 Date Telephone No. Biblis. Contilition 54890 Gravity of Condensate College Only Oliv Conservation DIV Choke Size OIL CONSERVATION DIVISION Date Approved JUL 5 1990 By Title Title Title Title Title Title	Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size			
Pesting Method (pitot, back pr.) Tubing Pressure (Shut-in) College Only DIV Choke Size	Actual Prod. During Test	Oil - Bbis.				BECEIVEM			Gas- MCF			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 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 Doug W. Whatey, Staff Admin. Supervisor Printed Name June 25, 1990 303-830-4280 Date Title		Length of	Test			TBbis Cooli	Lichtidag	ש	[Gravity of C	ondensate		
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 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. Date Approved						COLL GOND DIV			Choke Size			
Boug W. Whatey, Staff Admin. Supervisor Printed Name Tale June 25, 1990 303-830-4280 Date Telephone No. Title SUPERVISOR DISTRICT 13	Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION Date Approved						
	Doug W. Whaley, Staff Admin. Supervisor Frinted Name June 25, 1990 303-830-4280					Title Supervisor district 13						
INCIDICTIONS: This form is to be filled in compliance with Dule 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.