



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

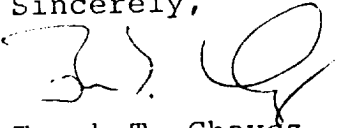
RE: State Com K #11, N-16-30N-09W, PC
State Com K #12, E-16-30N-09W, Frt/PC

Gentlemen:

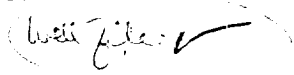
The C-104's approving Meridian Oil Incorporated as operator of the referenced wells are hereby recinded.

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/sj

RECEIVED

FEB 12 1990

OIL CON. DIV
DIST. 3

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., Artec, 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

Operator Meridian Oil Inc.		Well API No.
Address P. O. Box 4289, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Operator ☒	Casinghead Gas ☐	Condensate ☒
Effective 12/06/88		
If change of operator give name and address of previous operator Amoco Production Company, P. O. Box 800, Denver, Colorado 80201		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Com K	Well No. 12	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter E : 1640 Feet From The North Line and 990 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)
Meridian Oil Inc.	P. O. Box 4289, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P. O. Box 990, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Is gas actually connected? When?

If this production is commingling with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil 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 (prior, 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 Frank I. Chavez
Regulatory Affairs
Printed Name
8/30/89
Date
Title
505-326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 06 1989

By Original Signed by FRANK I. CHAVEZ

Title SUPERVISOR DISTRICT III

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 3 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 Brisco 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.
Address
P. O. Box 4289, Farmington, New Mexico 87499
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
Change in Transporter of:
New Well ☐ Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☒ Effective 12/06/88
Change in Operator ☒
If change of operator give name and address of previous operator: Taxaco, Inc., P. O. Box EE, Cortez, Colorado 81321 Amica Prod. Co.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Com K	Well No. 12	Pool Name, including Formation Blanco Fruitland Sand	Kind of Lease State, Federal or Free	Lease No.
Location Unit Letter <u>E</u> : <u>1640</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>30N</u> Range <u>9W</u> <u>NM7M</u> 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) P. O. Box 4289, Farmington, New Mexico 87499
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	Is gas actually connected? ☐ When?
If well produces oil or liquids, give location of tanks.	

If this production is commingling 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, RAB, 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 SEP 06 1989

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.

Signature

Regulatory Affairs

Printed Name

8/30/89

Date

505-326-9700

Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 06 1989

By Original Signed by FRANK T. CHAVEZ

Title

SUPERVISOR DISTRICT

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form O-101
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR		Well API No.
Operator Amoco Production Company		3004523471
Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201		
☐ Other (Please explain)		
Reason(s) for Filing (Check proper box)		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Operator ☒		
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 STATE COIL K	Well No. 12	Field Name, including Formation BLANCO (PICTURED CLIFFS)	STATE CO	Lease No. 12
Location Unit Letter E	1640	Feet From The FNL	Line and 990	Feet From The FWL
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)
EL PASO NATURAL GAS COMPANY	P. O. BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?

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.
Elevations (FW, RAH, RI, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
	Tubing Depth
	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 fluid 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/MCF	Gravity of Condensate
Testing Method (piston, 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
January 16, 1989
Date
303-830-5025
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 08 1989
By [Signature]
SUPERVISION DISTRICT # 3
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

OIL CONSERVATION DIVISION

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

RECEIVED

MAR 07 1989

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV
Well API No. _____
DIST. ?

Operator <u>Amoco Production Company</u>	
Address <u>2325 East 30th Street, Farmington NM 87401</u>	
Reason(s) for Filing (Check proper box) ☒ Other (Please explain) <u>State records show coal</u>	
New Well ☐	Change in Transporter of: <u>Pool Name Change</u>
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐
Case # <u>9421</u> Order # <u>R-87169</u>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State Com K</u>	Well No. <u>12</u>	Pool Name, including Formation <u>Blanco-Fruitland Sand</u>	Kind of Lease State, Federal ☒ Fee	Lease No. _____
Location Unit Letter <u>E</u> : <u>164D</u> Feet From The <u>N</u> Line and <u>990</u> Feet From The <u>W</u> Line Section <u>16</u> Township <u>30N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Giant Refining</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 256, Farmington NM 87499</u>	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Call Center Service 4990, Farmington NM 87499</u>	
If well produces oil or liquids, give location of tank. Unit <u>E</u> Sec. <u>16</u> Twp. <u>30N</u> Rge. <u>9W</u>	Is gas actually connected? <u>Yes</u>	When? <u>1-21-80</u>

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 Rec'y ☐	Nil Rec'y ☐
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., R.K.B., R.T., G.R., 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/MCF	Gravity of Condensate
Testing Method (pump, 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.

B. Shaw
Signature
B. D. Shaw Adm. Super
Printed Name
3-3-89 (505) 325-8811
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 07 1989
By B. D. Shaw
SUPERVISION DISTRICT # 3
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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.