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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 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. 20-045-24645
Address 3535 EAST 30TH STREET, P. O. BOX 4289, FARMINGTON, NM 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	EFFECTIVE 12/01/88
If change of operator give name and address of previous operator C & E OPERATORS, INC. 4849 GREENVILLE AVE, SUITE 1100, DALLAS, TX 75206		

II. DESCRIPTION OF WELL AND LEASE

Lease Name AZTEC	Well No. 8	Pool Name, Including Formation FARMER FRUITLAND	Kind of Lease State, Federal or Fee	Lease No. FEE
Location				
Unit Letter M : 1000 Feet From The SOUTH Line and 890 Feet From The WEST Line				
Section 8 Township 30N Range 11W , NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 COMPANY	P. O. BOX 990, FARMINGTON, NM 87499
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 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 (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
PEGGY BRADFIELD
Printed Name
REGULATORY AFFAIRS
Title
3/28/89
Date
505-326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 20 1989**
By **[Signature]**
Title **SUPERVISOR**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

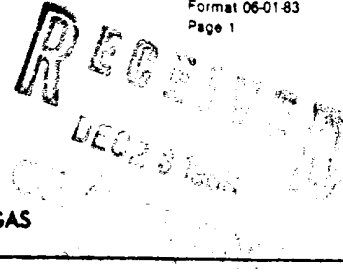
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes 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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil, Inc.	
Address 3535 E. 30th-Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain) Effective Date: 12/01/88
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in name of Operator
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership, give name and address of previous owner: operator Two Energy Square-Suite 1100-4849
C & E Operators, Inc.-Greenville Ave.-Dallas, Texas 75206

II. DESCRIPTION OF WELL AND LEASE

Lease Name Aztec	Well No. 8	Pool Name, including Formation Aztec PC	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>M</u> : <u>1000</u> Feet From The <u>South</u> Line and <u>890</u> Feet From The <u>West</u>				
Line of Section <u>8</u> Township <u>30N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990-Farmington, NM 87401	
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: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

(Signature)
Regulatory Affairs
(Title)
12-22-88
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 22 1988, 19
BY
TITLE SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviatric tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
DEC 23 1988
OIL CONSERVATION DIV.
SANTA FE, NM

I. Operator
Meridian Oil Inc.

Address
3535 E. 30th-Farmington, NM 87401

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☒ Condensate

Other (Please explain) Effective Date: 12/01/88
Change in name of Operator/and
Condensate Transporter

If change of ownership, give name
and address of previous owner: 4849 Greenville Ave, Suite 1100,
Dallas, Texas 75206
C & E Operators, Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Aztec	Well No. 8	Pool Name, including Formation Blanco, MV	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter M : 1000 Feet From The South Line and 890 Feet From The West Line of Section 8 Township 30N Range 11W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

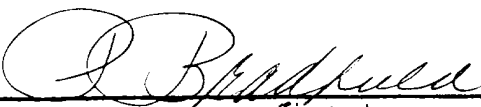
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) 3535 E. 30th-Farmington, NM 87401				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EPNG Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492-El Paso, Texas 79978				
If well produces oil or liquids, give location of tanks.	Unit 8M	Sec. 8	Twp. 30N	Rge. 11W	Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Regulatory Affairs
(Title)
12-22-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19
BY _____
TITLE _____ #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviatric tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO

DEPARTMENT OF MINERAL RESOURCES

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
DATE	
WELL NO.	
WELL OFFICE	
OPERATOR	

TYPE OF WELL

OIL WELL ☐GAS WELL ☒DAY ☐OTHER ☐

TYPE OF COMPLETION

NEW WELL ☒WORK OVER ☐DEPTH ☐PLUG BACK ☐DIFF. RESER. ☐OTHER ☐

Name of Operator

E. Operators, Inc.

Address of Operator

One Energy Square, Suite 170, Dallas, Texas

Location of well

SECTION M LOCATED 1000 FEET FROM THE South LINE AND 890 FEET FROMWest LINE OF SEC. 8 TWP. 30N R. 11W

Date Spudded

1/13/81

16. Date T.D. Reached

1/20/81

17. Date Compl. (Ready to Prod.)

5/12/81

18. Elevations (DF, RAB, RT, GR, etc.)

5598 Gr.; 5610' KB

19. Elev. Casinghead

5600'

Total Depth

4700

21. Plug Back T.D.

4657

22. If Multiple Compl., How Many

3

23. Intervals Drilled By

Rotary Tools

All

Cable Tools

Producing Interval(s), of this completion - Top, bottom, Name

Fruitland 1750' to 1755'; Pictured Cliffs 1990' to 2018'

Mesaverde 3997' to 4575'

25. Was Directional Survey Made

No

Type Electric and Other Logs Run

Gearhart IES & GRD/N Blue Jet CBL 8x88k

27. Was Well Cored

No

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8	24	293	12-1/4	270 sx.	0
5-1/2	15.5	4697	7-7/8	500 sx. 1st stage	0
				400 sx. 2nd stage	
Stage collar @ 2152'					

LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
None					1 1/2" IJ	4002	2050 Mod. D
					1 1/2" IJ	1817	1817 A-5

Perforation Record (Interval, size and number) By Blue Jet

Mesaverde 3997' to 4575' w/44 jets (0.3")

Pictured Cliffs 1990' to 2018' w/12 jets (0.4")

Fruitland 1750' to 1755' w/5 jets (0.4")

See back side for perf's

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
3997' - 4575'	750 gal. Acetic & 500 gal. 15% HCL. SWF w/104,000# sand
	& 104,000 gal. water.
1990' - 2018'	500 gal. 15% HCL & Foam

PRODUCTION frac. (Cont. on back side)

First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
Flow						SI for market	
Test	How Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
To test into pipeline							
Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	

Composition of Gas (Sulf., used for fuel, vented, etc.)

CIP's MVT 1025; TCT 230; Fr. Csg. 230 after 44 hrs.

List of Attachments

Gearhart IES & GRD/N Logs Blue Jet CB Logs.

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED Robert M. HellenTITLE ConsultantDATE June 24, 1981

!

EDUCATION FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Northwestern New Mexico

OIL OR GAS SANDS OR ZONES

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
Cont. from front side: Mesaverde perf's. 3997 & 98'; 4004'; 4185'; 4203-12-13-							
65-66-83	& 92';	4325-26-42-44-46-48-50-	52-68-	70-72-	88-90-92-94-96	& 98';	4405-07-
09-45-46-97	& 99';	4512-14-16-21-22-67-	68-74	& 75'			
Pictured Cliffs perf's 1990-92 & 97'; 2006-7.5-9-10.5-12-13.5-15-16.5 & 18'.							
Foam frac w/70 Quality foam & 36,000# sand.							
Fruitland perf's 1750-51-52-54-55. Treated w/500 gal Acetic acid and Foam							
frac w/70 Quality foam & 18,000# sand.							