

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 24 1986

OIL CONSERVATION DIV. 1
DIST. 3

30-045-26307

I. Operator
Meridian Oil Inc.

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

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recombination
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
Meridian Oil Inc. is Operator for El Paso Production Company

If change of ownership give name and address of previous owner: El Paso Natural Gas Company, P. O. Box 4289, Farmington, N 8749

II. DESCRIPTION OF WELL AND LEASE

Lease Name Riddle A	Well No. 6	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee SF 078201A
Location Unit Letter <u>H</u> : <u>1635</u> Feet From The <u>North</u> Line and <u>1180</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>30N</u> Range <u>9W</u> , NMPM, San Juan Co			

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, NM 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 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>15</u> Twp. <u>30N</u> Rge. <u>9W</u>	Is gas actually connected? <u>No</u> when

If this production is commingled with that from any other lease or pool, give commingling order number: 2813481

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]
(Signature)
Drilling Clerk
(Title)
12-18-86
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 24 1986 19
BY [Signature]
TITLE SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1106.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'r.	Dill
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
6-6-85	12-12-86		3250'		3198'				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6362' GL	Blanco Pictured Cliffs		3121'		-0-				
Perforations 3121, 3128, 3135, 3142, 3149, 3156, 3170, 3190 w/1 SPZ. Re-frac'd							Depth Casing shoe		
3121, 3128, 3135, 3142, 3149, 3156, 3170, 3174 w/1 SPZ.							3243'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		315'		248 cu ft			
6 3/4"		6 3/4"		3243'		559 cu ft			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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/10MCF	Gravity of Condensate
	SI 7 Days		
Testing Method (puck, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
	SITP -0-	SICP 357	