Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico 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

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

Santa Pe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. TO TRANSPORT OIL AND NATURAL GAS											
Operator MERIDIAN OIL INC.							Well	LPI No.			
P. O. Box 4289, Farmington, NM 87499											
Resson(s) for Filing (Check proper box) Other (Please explain)											
New Well		Change in T				•	•				
Recompletion	Oil Casinghead		Dry Ges Condens								
If change of operator give same Union Texas Petroleum, P. O. Box 2120 Houston TV 77252											
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name Jacksding Formation Kind of Lease No. Lease No.											
OXNARD	Well No. 2A Pool Name, Including Formation Blanco Mesaverde						Kind (Kind of Lease State Federal or Fee SF078510			
Location J	: 1738 Feet From The South Line and 1672 Feet From The East Line									1 1	
Section 7 Township	31N San Juan										
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, NM 87499					
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids,						P. O. Box 4289, Farmington, NM 87499 Is gas actually connected? When 7					
give location of tanks.						,	""	•			
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA		Oil Well	7-6	es Well	New Well	Workover	Deepea	Dive Book	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	j	Ĺ			"GEOTE	Despes	Ling Dack	Denite ver	Pill RESV	
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	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								· · · · · · · · · · · · · · · · · · ·			
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
V. TEST DATA AND REQUES OIL WELL (Test must be after n				il and muse	he soud to on	erceed top alle	ounde for thi	donth or he	for full 24 hour	·• 1	
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.)											
					BECKIVED						
Length of Test	Tubing Pressure				Casing Page			Captisize			
Actual Prod. During Test	Oil - Bbls.				Water - Bath SEP1 2 1990			Gas- MCF			
GAS WELL OIL CON. DIV.											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensite/MMCDIST. 3				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choka Siza			
VL OPERATOR CERTIFICATE OF COMPLIANCE											
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					SEP 1 2 1990						
Leslie Kahwans						Date Approved					
Signature Leslie Kahwajy Prod. Services Supervisor					By SUPERVISOR DISTRICT #3						
Printed Nerse Title (505) 327-0251					Title						
Date Telephone No.											
V											

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.