

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 05-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Meridian Oil Inc.

Address  
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Murphy Com</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Blanco Mesa Verde</u>	Kind of Lease State (Federal or Fee)	Lease No. <u>SE4078144</u>
Location Unit Letter <u>K</u> <u>1450</u> Feet From The <u>South</u> Line and <u>1450</u> Feet From The <u>West</u> Line of Section <u>24</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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Meridian Oil Inc.</u>	<u>PO Box 4289, Farmington, NM 87499</u>
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)
<u>El Paso Natural Gas Company</u>	<u>PO Box 4990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>24</u> Twp. <u>30N</u> Rge. <u>11W</u>	

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]  
(Signature)  
Drilling Clerk  
(Title)  
November 10, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 16 1987  
Original Signed by CHARLES C. ALSON  
BY \_\_\_\_\_  
TITLE DEPUTY OIL & GAS INSPECTOR ST. #5

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 deviation 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.

#### IV. COMPLETION DATA

Designate Type of Completion – (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
10-06-87	10-30-87		5344			5326			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6163' GL	Mesa Verde		4300'			5260'			
Perforations 4300,4303,4678,4854,4857,4870,4930,4933,4936,4939,4942,4945,4947,4960,4963,4966,4969,4972,4975,4977,4979,4987,5007,5011,5022,5025,5061,5080,5100,5110,5128,5137,5144,5149,5163,5183,5211, cont						Depth Casing Shoe			
5061,5080,5100,5110,5128,5137,5144,5149,5163,5183,5211, cont									
5061,5080,5100,5110,5128,5137,5144,5149,5163,5183,5211, cont									
5061,5080,5100,5110,5128,5137,5144,5149,5163,5183,5211, cont									
5061,5080,5100,5110,5128,5137,5144,5149,5163,5183,5211, cont									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		229'		130 cu.ft.			
8 3/4"		7"		2911'		513 cu.ft.			
6 1/4"		4 1/2"		5342'		456 cu.ft.			
		2 3/8"		5260'					

#### 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 top 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/MMCF	Gravity of Condensate
481	3 hrs.	-	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
backpressure	1123	1123	3/4"

perf'd contd: 5215', 5231', 5236', 5241', 5246' w/1 spz