

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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

**RECEIVED**  
DEC 18 1987  
OIL CON. DIV.  
DIST. 3

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: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	

**Other (Please explain)**

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

II. DESCRIPTION OF WELL AND LEASE

<b>Lease Name</b> Morris A Com	<b>Well No.</b> 18	<b>Pool Name, including Formation</b> Blanco Mesa Verde	<b>Kind of Lease</b> State, (Federal) or Fee	<b>Lease No.</b> SF 078138
<b>Location</b>				
Unit Letter <u>XQ</u> 1670 Feet From The <u>South</u> Line and 1450 Feet From The <u>East</u>				
Line of Section <u>22</u> Township <u>30N</u> Range <u>11W</u> NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc.	<b>Address (Give address to which approved copy of this form is to be sent)</b> PO Box 4289, Farmington, NM 87499
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	<b>Address (Give address to which approved copy of this form is to be sent)</b> PO Box 4990, Farmington, NM 87499
<b>If well produces oil or liquids, give location of tanks.</b> Unit <u>I</u> Sec. <u>22</u> Twp. <u>30N</u> Rge. <u>11W</u>	<b>Is gas actually connected?</b> <input type="checkbox"/> <b>When</b> _____

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.

Beggy Dork  
(Signature)  
Drilling Clerk  
(Title)  
December 17, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 23 1987  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT 1

**TITLE** \_\_\_\_\_

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.			
11-23-87	12-06-87		4994'			4849'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
5823' GL	Mesa Verde		3939'			4810'			
Perforations 3939, 3945, 4153, 4165, 4170, 4175, 4272, 4306, 4334, 4340, 4407, 4537, 4541, 4545, 4549, 4553, 4557, 4561, 4587, 4594, 4598, 4602, 4606, 4610, 4620, 4624, 4667, 4711, 4725, 4732, 4742, 4757,						Depth Casing Shoe			
						4994'			
TUBING, CASING, AND CEMENTING RECORD 4778, 4807' w/1 spz									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		231'		130 cu. ft.			
8 3/4"		7"		2501'		504 cu. ft.			
6 1/4"		4 1/2"		4994'		463 cu. ft.			
		2 3/8"		4810'		--			

#### 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
3414	3 hrs	-	-
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
backpressure	1039	1182	3/4"