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 Appropriate District Office  
**DISTRICT I**  
 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

Santa Fe, New Mexico 87504-2088

**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Meridian Oil Inc. Well API No. \_\_\_\_\_

Address PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box)  Other (Please explain) \_\_\_\_\_  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Operator  Casinghead Gas  Condensate

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Pierce</u>	Well No. <u>252</u>	Pool Name, including Formation <u>Basin Fruitland Coal</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF-078129</u>
Location				
Unit Letter <u>F</u>	<u>1545</u>	Feet From The <u>North</u>	<u>1645</u>	Feet From The <u>West</u>
Section <u>17</u>	Township <u>30N</u>	Range <u>9W</u>	<u>NMPM</u>	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"/> <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <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"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>17</u> Twp. <u>30N</u> Rge. <u>9W</u> Is gas actually connected? <input type="checkbox"/> 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
		X	X					
Date Spudded <u>03-22-89</u>	Date Compl. Ready to Prod. <u>04-06-89</u>	Total Depth <u>3025'</u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <u>6340' GL</u>	Name of Producing Formation <u>Fruitland Coal</u>	Top Oil/Gas Pay <u>2831'</u>		Tubing Depth <u>2994'</u>				
Perforations <u>2831-36', 2907-20', 2924-29', 2951-56', 2987-97'</u>				Depth Casing Shoe <u>3025'</u>				
w/2 spf								
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>9 5/8"</u>		<u>245'</u>		<u>179</u>	<u>cu. ft.</u>		
<u>8 3/4"</u>	<u>5 1/2"</u>		<u>3025'</u>		<u>952</u>	<u>cu. ft.</u>		
	<u>2 3/8"</u>		<u>2994'</u>					

**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 be 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.) <u>backpressure</u>	Tubing Pressure (Shut-in) <u>SI 712</u>	Casing Pressure (Shut-in) <u>SI 720</u>	Choke Size <u>DIV. 3</u>

**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.

Peggy Bradford  
 Signature  
Peggy Bradford, Regulatory Affairs  
 Printed Name  
5-2-89 326-9727  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved MAY 15 1989  
 By Original Signed by FRANK T. CHAVEZ  
 Title SUPERVISOR DISTRICT #15

**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.