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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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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 P.O. Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Riddle B	Well No. 224	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-078200B
Location Unit Letter I : 1455' Feet From The South Line and 845' Feet From The East Line Section 27 Township 30 North Range 10 West, NMPM, 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"/> Meridian Oil Inc.	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 27	Twp. 30N	Rgs. 10W	Is gas actually connected?	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 9-22-88	Date Compl. Ready to Prod. 10-4-88		Total Depth 2575'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6026' GL	Name of Producing Formation Basin Frt. Coal		Top Oil/Gas Pay 2440'		Tubing Depth 2565'			
Perforations 2440'-50'; 2457'-61'; 2465'-72'; 2509'-12'; 2564'-66'. 2/SPF.					Depth Casing Shoe 2575'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	9 5/8"		236'		337 cf			
8 3/4"	7"		2575'		9285 cf			
	No Liner							
	2 3/8"		2565'					

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.) Back Pressure	Tubing Pressure (Shut-in) SI-586	Casing Pressure (Shut-in) SI-590	Choke Size

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 Bradfield Regulatory Affairs

Printed Name  
January 5, 1989  
Date  
(505) 326-9727  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 12 1989

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.