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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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>Riddle E Com</u>	Well No. <u>250</u>	Pool Name, including Formation <u>Basin Fruitland Coal</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>SF-078319</u>
Location Unit Letter <u>I</u> : <u>1740</u> Feet From The <u>South</u> Line and <u>845</u> Feet From The <u>East</u> Line Section <u>4</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 <u>Meridian Oil Inc.</u> or Condensate <input checked="" type="checkbox"/>	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 <u>El Paso Natural Gas</u> or Dry Gas <input checked="" type="checkbox"/>	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>I</u> Sec. <u>4</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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>02-19-89</u>	Date Compl. Ready to Prod. <u>03-22-89</u>	Total Depth <u>2870'</u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <u>6095' GL</u>	Name of Producing Formation <u>Basin Fruitland Coal</u>	Top Oil/Gas Pay <u>2650'</u>		Tubing Depth <u>2857'</u>				
Perforations <u>2650-91', 2738-79', 2826-66' (predrilled liner)</u>				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>244'</u>	<u>260 cu.ft.</u>
<u>8 3/4"</u>	<u>7"</u>	<u>2649'</u>	<u>890 cu.ft.</u>
<u>6 1/4"</u>	<u>5 1/2"</u>	<u>2869'</u>	<u>did not cmt</u>
	<u>2 3/8"</u>	<u>2857'</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 (psut, back pr.) <u>backpressure</u>	Tubing Pressure (Shut-in) <u>SI 1305</u>	Casing Pressure (Shut-in) <u>---</u>	Choke Size <u>2 3/8"</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 Bradfield
Signature

Peggy Bradfield, Regulatory Affairs
Printed Name

5-2-89 326-9727
Date Title

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Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 5-2-89

By Original Signed By FRANK T. CHAVEZ

Title ---

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.