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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 PO Box 4289, Farmington, NM 87499
Reason(s) for Filing (Check proper box) ☒ New Well ☐ Other (Please explain) _____
☐ Recompletion ☐ Change in Transporter of: 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>Sunray H</u>	Well No. <u>201</u>	Pool Name, including Formation <u>Basin Fruitland Coal</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM-03195</u>
Location Unit Letter <u>M</u> <u>660</u> Feet From The <u>South</u> Line and <u>270</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>30N</u> Range <u>10W</u> <u>NMPM</u> <u>San Juan</u> 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 Company</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>M</u> Sec. <u>11</u> Twp. <u>30N</u> Rge. <u>10W</u>	Is gas actually connected? <u>When ?</u>
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>11-24-88</u>	Date Compl. Ready to Prod. <u>03-30-89</u>	Total Depth <u>3224' TVD 4853' MD</u>	P.B.T.D. <u>4804' MD</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6505' GL</u>	Name of Producing Formation <u>Fruitland Coal</u>	Top Oil/Gas Pay <u>attached</u>	Tubing Depth <u>3486'</u>					
Performances <u>attached</u>	Depth Casing Shoe <u>4848'</u>							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	570'	354 cu.ft.
8 3/4"	7"	3757'	1176 cu.ft.
8 3/4"	4 1/2"	4848'	648 cu.ft.
	2 3/8"	3486'	

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 790</u>	Casing Pressure (Shut-in) <u>n/a</u>	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
Signature
Peggy Bradfield, Regulatory Affairs
Printed Name
May 2, 1989 326-9727
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 02 1989

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 well in multiple completed wells.