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Appropriate District Office
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DISTRICT III
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. 30-045-28092
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 Seymour	Well No. 718	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-078505
Location Unit Letter <u>B</u> : <u>940</u> Feet From The <u>North</u> Line and <u>1815</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>31</u> Range <u>9</u> , <u>NMPM</u> , <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) _____					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 14	Twp. 31	Rge. 9	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 9-23-90	Date Compl. Ready to Prod. 2-01-91		Total Depth 3311'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6472' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3098'		Tubing Depth 3273'			
Perforations 3098-3225', 3266-3309' (predrilled liner)					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	353'	330 cu.ft.
8 3/4"	7"	3118'	1021 cu.ft.
6 1/4"	5 1/2"	3311'	did not cmt
	2 3/8"	3273'	

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	RECEIVED MAR 11 1991
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pust, back pr.) backpressure	Tubing Pressure (Shut-in) SI 1146	Casing Pressure (Shut-in) SI 1421	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
Printed Name
3-6-91
Date
326-9700
Telephone No.

Reg. Affairs
Title

OIL CONSERVATION DIVISION

Date Approved APR 29 1991

By [Signature]
Title SUPERVISOR DISTRICT #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.