Submit 5 Copies Appropriate District Office

P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Drawer DD, Artesia, NM 88210

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 Operator Well API No. Meridian Oil Inc. Address P. J. Box 4289, Farmington, NM 87499 Reason(s) for Filing (Check proper box) Other (Please expiain) New Well Change in Transporter of: Oil Dry Gas Recompletion XCasinghead Gas Condensate Effective upon completion of well Change in Operator If change of operator give name and address of previous operator Amoco Production Company, P. O. Box 800, Denver, Colorado 80201 IL DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, including Formation Kind of Lease Lease No. San Juan 32-9 Unit 108 | Blanco Pictured Cliffs State, Federal or Fee SF-078626 Location South 1165 West Unit Letter Feet From The Line and Feet From The 10 31N 9W San Juan NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Meridian Oil Inc. 0. Box 4289, Farmington, NM 87499 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) N/A When? If well produces oil or liquids, Unit Sec Twp. Rge. Is gas actually connected? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF. RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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.) Producing Method (Flow, pump, gas life glc.) Date First New Oil Run To Tank Date of Test ÛĒ Length of Test Casing Pressure **Tubing Pressure** 1992 Water - Bbis. Actual Frod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF, Gravity of Co Actual Frod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above MAY 2 1 1992 is true and complete to the best of my knowledge and belief. Date Approved . Hapican Jestic

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

505-326-9700

Signature _eslie Kahwajy

Printed Name

5/20/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

3...1) O4

SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Production Analyst

Title

Telephone No.

- 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.