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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

DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO TR	ANS	PORT OI	L AND N	IATURAL C	AS				
Operator								Well API No.			
Meridian Uil Inc.				· ,			30-	<u>-045-282</u>	48		
P. U. Box 4289, Far	mington.	NM 8	749	9							
Reason(s) for Filing (Check proper bo			<u>. , , , , , , , , , , , , , , , , , , ,</u>			Other (Please exp	plain)				
New Well		Change is	•	sporter of:	_						
Recompletion	Oil		, ,	Gas 🛆							
Change in Operator f change of operator give name	Casinghea	d Gas	Con	densate		·					
and address of previous operator						· · · · · · · · · · · · · · · · · · ·				- 1	
II. DESCRIPTION OF WEI	L AND LE	ASE									
Lease Name		Well No. Pool Name, Including For					Formation Kind of			ease No.	
Rosa Unit		273 Basin Frui				tland Coal Su			Federal or Fee SF-078765		
Location		_									
Unit Letter	:_1690)	_ Feel	From The \underline{S}	outhı	ine and92	5 F	eet From The	<u>West</u>	Line	
Section 8 Town	mahip 31N		Ran	ge 6	W,	nmpm, Sai	n Juan			County	
TE DECICNATION OF TO	ANCRORE	D 05 0		\$750 \$1 A MINE			-				
II. DESIGNATION OF TRA Name of Authorized Transporter of Oi	<u>nisporte</u>	OF Conde		17	KAL GA	Sive address to -	vhich annum	d come of this	form is to be a	ent)	
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 or Dry Gas [X					Address (Give address to which approved copy of this form is to be sent)						
Williams Field Services					P. U. Box 58900 Salt Lake City, UT 84158-0900						
If well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp	. Rge.		ally connected?	When				
this production is commingled with the											
V. COMPLETION DATA	at nom any our	er kealse of	pooi,	Stae commund	nng order m	moer:					
Designate Type of Complete	- 00	Oil Well		Gas Well	New We	II Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic		ا			1	1	<u> </u>	<u> </u>	1	1	
Date Spudded	Date Comp	d. Ready to	Prod	L	Total Dept	h		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	nducing Fo	mati	On	Top Oil/Ga	s Pav		Tubing Don	-h		
					'	•		Tubing Depth			
Perforations					•			Depth Casing Shoe			
1101 E 017E						CEMENTING RECORD			212/2021/2		
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	-										
					,						
TOTAL TELESCOPE	200 200										
. TEST DATA AND REQU IL WELL (Test must be afte								/			
OLL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes		of loa	a ou and must					ionfull 24 hou	' 3.)	
Date of 1ear					Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pres	Suite			Casing Pres	erre		Choke Size	UEC		
		Oil - Bbls.				Water - Bbis.			1	1900	
Actual Prod. During Test	Oil - Bbls.								· COA,	-	
									DIST V.	DA	
GAS WELL Actual Prod. Test - MCF/D	I made of the	-			BU A				· 3	-	
Second Light - MICL/D	Length of T	CER			BOIS. CORD	ensate/MMCF		Gravity of C	ondensate		
esting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				saure (Shut-in)		Choke Size			
					_	•		1	was and	. *;	
L OPERATOR CERTIFI	CATE OF	COMP	LIA	NCE		0" 00					
I hereby certify that the rules and reg	ulations of the (Dil Conserv	ration		ll .	OIL CON	NSERV	ATION I	DIVISIO	N	
Division have been complied with an is true and complete to the best of m	A that the inform v knowledge an	nation give 1 belief	n abo	ve		_					
4.1.		(0)	_		Dat	e Approve			_ .		
_ Justie N. White.					DEC 0 81992						
Signature	Des a de				∥ By₋						
Leslie D. White	Produc	tion A	na I	yst			3) d	/		
12/4/92	505-326	5-9700			Title)			~		
Date			phone	No.			SUPERV	isor dis	TRICT #	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.