Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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 | Well API No. |
|---|---|
| Meridian Oil Inc. | 30-039-24928 |

Address: PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box): New Well [X] Recompletion [ ] Change of Operator [ ] Other (Please explain) [ ]

Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous operator: _____

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease (State, Federal or Fee) | Lease No. |
|---|---|---|---|---|
| Rosa Unit | 329 | Basin Fruitland Coal | | SF-078772 |

Location: Unit Letter H : 1950 Feet From The North Line and 1185 Feet From The East Line

Section 34 Township 32N Range 06W NMPM, Rio Arriba County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil or Condensate | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Meridian Oil Inc. | PO 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) |
| Northwest Pipeline Corp. | 300 W. Arrington, Suite 20, Farmington, NM 8740 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When ? |
|---|---|---|---|---|---|---|
| | H | 34 | 32N | 06W | | |

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 | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 10/02/90 | 05/14/91 | 3172' | |

| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 6436'GL | Fruitland Coal | Open Hole | 3073' |

| Perforations | Depth Casing Shoe |
|---|---|
| Open-Hole Completion | |

### TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 12 1/4" | 9 5/8" | 222' | 189 cu.ft. |
| 8 3/4" | 7" | 3038' | 1527 cu.ft. |
| 6 1/4" | Open Hole | 3172' | |
| | 2 3/8" | 3073' | |

## 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 |
|---|---|---|---|
| | | | |

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DIST. 3

**GAS WELL**

| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| | | | |

| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
|---|---|---|---|
| backpressure | SI 718 | SI 720 | |

## 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.

Signature: Peggy Bradfield

Peggy Bradfield — Reg. Affairs
Printed Name — Title

6-18-91 — 326-9700
Date — Telephone No.

## OIL CONSERVATION DIVISION

Date Approved: JUL 09 1991

By: _____
SUPERVISOR DISTRICT #3

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.