

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Vantage Point Operating Company		Well API No. 3004510194
Address 5801 E. 41st, suite 1001, Tulsa, Oklahoma 74135		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator ARCO Oil and Gas Company, P.O. Box 1610, Midland, Texas 79702 a Division of Atlantic Richfield Company		

II. DESCRIPTION OF WELL AND LEASE		Well No. 43	Pool Name, including Formation HORSESHOE GALLUP	Kind of Lease State, Federal or Fee	Lease No. 14-20-603-734
Location Unit Letter G : 2110 Feet From The NORTH Line and 2020 Feet From The EAST Line Section 32 Township 31N Range 16W, NMPM, SAN JUAN County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent) P O BOX 4289, FARMINGTON, NM 87401				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> MERIDIAN OIL COMPANY		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>						
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 32	Twp. 31N	Rge. 16W	Is gas actually connected? NO	When?

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)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		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.)	
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 04 1991
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL		Bbls. Condensate/MMCF		Gravimetric Condensate	
Actual Prod. Test - MCF/D	Length of Test			DIST. 3	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		

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 is true and complete to the best of my knowledge and belief.		Date Approved FEB 26 1991	
Signature Deborah L. Greenwich Production Assistant		By <i>Brian J. Shum</i>	
Printed Name 1-19-91 918-664-2100		Title SUPERVISOR DISTRICT 13	
Date Telephone No.			

- 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.

RECEIVED
MAR 04 1951
DIR. 2
OFF. COM. DIST.