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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 1-1-39 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRAN	SPORT OI	L AND N	ATURAL C	AS				
O penior Meridian Oil,				API No.						
P.O. Box 4289	, Farmin	aton. N	lew Mexic	o 87499	o			 _	-	
Reason(s) for Filing (Check proper box)		3 , ,			ther (Please exp	dain)				
New Well	c	hange in Tr	ansporter of:		and (1 lease sup	raur)				
Recompletion	Oil	D ₁	y Gas 🔲	F.C.C						
If change of greater aire	Casinghead (ondensate X		tive 11/1					
and address of previous operator Amo	co Produc	ction C	ompany,	P.O. Box	<u> 800, De</u>	nver. Co	olo. 80	201		
IL-DESCRIPTION OF WELL Lesse Name	AND LEAS	SE								
West No. 1 Con Natine, Inciden				ing Formation Kind Mesa Verde State.			of Lease IISA Lease No. Federal or Fee SF 078509			
Location		5×43		N				Pi 07		
Unit Letter	000 : _	Fe	et From The	South Li	ne and	50 15 2 F	et From The _	East	Line	
Section 30 Townshi	ip 32N	Ra	nge 9W	1	MPM, S	an Juan			County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATU	RAL GAS	}					
Learne or Virgoursed Tarmsboares of Off	C or	r Condensate	Γ ΧΧ	Address (Gi	ive address to w	hich approved	copy of this fo	em is so he s	enti	
Meridian Oil Transportation, Inc.					Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, N.M. 87499					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company				Address (Give address to which approved copy of this form is to be sent)						
if multi-makenes all and the second				P.O. Box 990, Farmington, N.M. 87499 Is gas accusely connected? When?					2	
give location of tanks.	jji	30	32N 9W	1		When	7			
If this production is commingled with that IV. COMPLETION DATA	from any other i	lease or pool	, give comming	ing order num	nber:					
		Dil Well	Gas Well	New Weil	Workover	Deepen	Phus Pash	Same Burli	han .	
Designate Type of Completion Date Spudded				i	MOLEOVE	Deepen	Plug Back	Same Kes v	Diff Res'v	
Date Spinner	Date Compl. F	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			
HOLE SIZE				CEMENTING RECORD						
	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	 					-				
V. TEST DATA AND REQUES	T FOR ALI	LOWABI	Æ	<u> </u>						
OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for this	depth or be fo	r full 24 hour	rr.)	
Date First New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressur	-		Casing Press	ше		Choke Size	. 4 20		
Actual Prod. During Test										
Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL						<u>.</u>	. ** <u>Y</u> *		J	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
					(CHOLE SIZE			
VL OPERATOR CERTIFICA	ATE OF CO	OMPLIA	NCE		3" 001					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				D	A =		ብቦፕ	o _ 100	a	
Same Team -				Date	Approved	· ——	001	<u>3 n 198</u>	<u> </u>	
Signature Peggy Bradfield - Regulatory Affairs				By						
Printed Name				SHPEDWISCH MOTRICE						
	505) 326-	9700		Title.			ni Puaisi	าก ยเรา	HUI #3	
		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.