Submit 5 Conies
Appropriate District Office
DISTRICT I
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

P.O. Box 1980, Hobbs, NM 88240

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						Well	API No.			
Meridian Oil	Inc.									
Address			0.77.4.							
PO Box 4289, F		ı, NM	87499							
Reason(s) for Filing (Check proper box				☐ Out	et (Please exp	ain)				
Recompletion	Oii Ca		nasporter of:							
Change in Operator	Casinghead Ga		y Gas							
If change of operator give name	CARRIED OF	<u> </u>	NUCEUME				<del></del>			
and address of previous operator	_		<del></del>		<del> </del>			<del></del>	<del></del>	
IL DESCRIPTION OF WEL		· · · · · · · · · · · · · · · · · · ·								
Allison Unit	10	#I No.   Po   7	ol Name, Inclus Basin I	ing Formation Fruitland	Coa1		of Lease Federal or Fee		2000 No. 078459B	
Location				Tarciano	- Godi	322,	Legisla Ot Lee	3F-(	7/8459B	
Unit LetterC	. 941	<b>-</b>	- F Mc	orth	. 151	ـ ۱۵	_	Tat .		
Cilit Estati	: <u></u>	re	et From The $N_{f C}$	<u> </u>	e and131	<u>LU</u> Fe	et From The _	west	Line	
Section 15 Towns	thip 32N	Ra	nge 0.7W	, N	MPM, Sar	.Juan			County	
THE DECICAL PROSE OF ME	Noncom									
III. DESIGNATION OF TRA Name or Authorized Transporter of Oil		OF OIL		RAL GAS	·					
Meridian Oil I		-Onoedane	X				copy of this fo			
Name of Authorized Transporter of Cas		OF	Dry Gas 🔯	Address (Give	0X 4289	, Farm	ington,	NM :	37499	
Northwest Pipe.			<u>م</u> ص							
If well produces oil or liquids,	ell produces oil or liquids, Unit Sec. Two. Re-				3535 E. 30th, Farmington, NM 87401					
give location of tanks.		.5 İ.:	32NL 07W				•			
If this production is commingled with the	it from any other le	use or pool	, give comming	iing order numi	xer:					
IV. COMPLETION DATA			·							
Designate Type of Completion	n - (X) i	i Weii	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Re	adv to Pro	<u>l</u>	Total Depth		L				
		,	_				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay Tubing Depth					
								•		
Perforations							Depth Casing	Shoe		
<del></del>								·····		
HOLE SIZE	TUBING, CASING AND  CASING & TUBING SIZE									
HOLE SIZE	CASING	& IUBIN	G SIZE		DEPTH SET	·	<u>s</u> ,	CKS CEM	ENT	
				<u> </u>			-			
			<del>-</del> - <u></u>		<del></del> .					
							<del></del>			
V. TEST DATA AND REQUE							<del>· , .</del> .			
OIL WELL (Test must be after	recovery of total vo	lume of loc	ad oil and must					full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pur	mp. gas lylige	PEC			
ength of Test Tubing Pressure				Casing Pressure Choke Size					29	
· ·	ruoting residue				.•	u,	N-S	2 1989	۳	
Actual Prod. During Test	Oil - Bbls.	•		Water - Bbls.	<del></del>		Gas- MCF	E 1303		
						(	DIL CC	N. DI	V.	
GAS WELL							714. s.			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condens	ste/MMCF		Gravity of Co	ndensate		
						,	•			
esting Method (pitot, back pr.)	Tubing Pressure	(Shut-in)	•	Casing Pressur	e (Shut-in)		Choke Size	-		
			•							
VL OPERATOR CERTIFIC	CATE OF CO	MPLLA	ANCE			05014				
I hereby certify that the rules and regu	lations of the Oil C	ODSETVALIOS	1		IL CON	SEHVA	ATION D	IVISIC	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										
		R44 •		Date	Approved	ı	JUN 02	1000		
Mills Strill	he Cd			Ву		_	. /	,		
Signature Peggy Bradfield Regulatory Affairs						- Di	$\mathcal{O}(\mathcal{A})$			
Printed Name	кедита	<u> </u>		H		<b>\$</b> (!- ::	13100 D	o no ra≃	# =	
06-01-89	326-9	Title 727	1	Title_				SIRICT	# 3	
Date	- 320-7	Telephone	No.						<del> </del>	

## 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.