Submit 5 Copies
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

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

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

1000 Rio Brazos Rd., Aztec, NM 87410					iexico 6/3							
I.	REC	UEST F	OR AL	TOMA	BLE AND	AUTHOR	IZATIO	N				
Operator		TOTAL	ANSP	וט ואכ	L AND NA	TURALG		eli API No			···	
Meridian Oil Inc.	30-045-28124											
P. O. BOx 4289, Far	minator	ı. NM	87499									
Reason(s) for Filing (Check proper box)		Other (Please explain)										
New Well Recompletion	Oil	Change ii	п Ттальяро	-77								
Change in Operator X	Casinghe	ad Gas	Dry Gas		Εf	ffective	9/17/	91				
If change of operator give name and address of previous operator Uni	on Texa	as Petr	oleum	Corpo	ration,	P.O. Box	× 2120	, Hous	ston,	, TX 77	7252-2120	
II. DESCRIPTION OF WELL Lease Name	AND LE											
Johnston Federal		Well No.			ing Formation uitland	Coal)		nd of Lear			ease No.	
Location	-		1 243		arcrand	Coary				SF-07	8439	
Unit LetterL	_ :225	55	_ Feet Fro	m The _	outh Lin	e and	55	Feet From	n The _	west	Line	
Section 33 Townsh	ip 31N	<u> </u>	Range	9W	, NI	мрм, Sar	ı Juan				County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL ANT	NATII	RAL GAS							
Name of Authorized Transporter of Oil	x]	Address (Give address to which approved copy of this form is to be sent)										
Meridian Oil, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X					P.O. Box 4289; Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)							
Meridian Oil Inc.	Meridian Oil Inc.				P.O. Box 4289, Farming							
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually			en?				
f this production is commingled with that V. COMPLETION DATA	from any od	ner lease or	pool, give	comming	No ing order numb	xer:						
Designate Type of Completion	- (X)	Oil Well	G	s Well	New Well	Workover	Deeper	Plug	Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth		1	P.B.T				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay							
erforations									Tubing Depth			
								Depth	Casing	Shoe		
	Τ	UBING,	CASING	G AND	CEMENTIN	IG RECOR	D					
HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
						· · · · · · · · · · · · · · · · · · · 						
. TEST DATA AND REQUES	T FOR A	LLOWA	DIE									
OIL WELL (Test must be after re				and must t	be equal to or e	exceed top allo	wable for t	h i deoth i	a héifa	r full 24 hour	·• 1	
Date First New Oil Run To Tank	Date of Tes	at .			Producing Met	thod (Flow, pu	mp, gas lift	· busil			3. ,	
ength of Test	Tubing Pressure				Casing Pressure				Choke Size D = 1001			
	Oil - Bbls.				Casing Picacuic				ChokeSizep 2 3 1991			
actual Prod. During Test				Water - Bbis.			ONCON. DIN					
GAS WELL									10	IST. Q		
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Condens	ale/MMCF ,		Gravit	of Cor	ndensate		
esting Method (puot, back pr.)	Tubing Pressure (Shut-in)								Choke Size			
(prov. prov.)	ruoning pressure (Shut-m)				Casing Pressur	e (Suut-in)		Choke	Size			
I. OPERATOR CERTIFICA	ATE OF	COMPI	LIANC	E								
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.					Data	A pprovide	ı	SEP 2	3 19	191		
Leslie Hah	was	L1.			Dale	Approved						
Signature Leslie Kahwajy Production Analyst					By_ Bir) Chang							
Printed Name 9/20/91		326-970		, , ,	Title_		SUPER	VISOR	DIST	TRICT #	3	
9/20/91 Date			none No.		1106_							
		- analy		11								

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 multi-v completed wells.