

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| PROMOTION OFFICE | |

OIL CONSERVATION DIVISION
P. O. BOX 2026
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
MERIDIAN OIL INC.

Address
1800 WILCO BUILDING; MIDLAND, TEXAS 79701

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in ~~Operatorship~~ Operatorship

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
Meridian Oil Inc. is an agent for Meridian Oil Production Inc.

If change of ~~operatorship~~ ~~operatorship~~ give name and address of previous owner
El Paso Exploration Company whose name was changed, as of 4-10-85, to Meridian Oil Production Inc.

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|---|-----------------------|
| Lease Name MOBERLY RHODES WATERFLOOD PROJECT | Well No. 9 | Pool Name, including Formation RHODES YATES-SEVEN RIVERS | Kind of Lease FEDERAL State, Federal or Fee | Lease No. 030181-C |
| Location Unit Letter M 660 Feet From The SOUTH Line and 660 Feet From The WEST Line of Section 21 Township 26S Range 37E, NMPM, LEA County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


| | | |
|---|---------------------|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | NONE - | Address (Give address to which approved copy of this form is to be sent) INJECTION WELL |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | NONE - | Address (Give address to which approved copy of this form is to be sent) INJECTION WELL |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? When |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


JAMES R. BERMENTER (Signature)
ATTORNEY-IN-FACT (Title)
APRIL 10, 1985 (Date)

OIL CONSERVATION DIVISION

APPROVED DEC 27 1985, 19_____
BY Eddie W. Sany
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

| | | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| 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 (Test must be after recovery of total volume of lost 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 Tanks | 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 |

GAS WELL

| | | | |
|-----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pistol, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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