

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator MERIDIAN OIL INC. Well API No. 30-025- 20547  
Address P. O. BOX 51810, MIDLAND, TX 797101810 OK

Reason(s) for Filing (Check proper box) Other (Please explain)

New Well ☐  
Recompletion ☐  
Change in Operator ☒  
Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☒ Condensate ☐

If change of operator give name and address of previous operator UNION TEXAS PETROLEUM CORP: P.O. BOX 2120; HOUSTON, TX 77252

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stuart Well No. 7 Pool Name, including Formation Justis (Blinebry) Twin Sinkhole Kind of Lease State, Federal or Fee Lease No. 71-032511F  
Location Unit Letter F 1650 Feet From The N Line and 2310 Feet From The W Line  
Section 11 Township 25S Range 37E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Texas New Mexico Pipeline Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
SID RICHARDSON CARBON & GAS CO. Address (Give address to which approved copy of this form is to be sent) 201 Main Street, Ft. Worth, TX 76102

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.

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

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                      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 (pucl, back pr.)                      Tubing Pressure (Shut-in)                      Casing Pressure (Shut-in)                      Choke Size                     

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

Signature                       
Printed Name                      Title                       
Date                      Telephone No.                     

OIL CONSERVATION DIVISION

Date Approved 101 28 1991

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title                     

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