Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088
Santa Fe New Mexico, 87504, 2098

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		Sil	ma re, new M	lexico 8/504-2088				
I.	REQUI	EST FO	OR ALLOWA	BLE AND AUTHOR	IZATION			
Operator		O IIIW	NSPORT OF	L AND NATURAL G		API No.		
MERRION OII. & GAS COR Address	PORATION			the contract of the contract o				
P. O. BOX 840, Farming	gton, Nev	w Mexi	co 87499					
Reason(s) for Filing (Check proper box)				Other (Please exp	lain)			
New Well []	(Change in	Transporter of:		2/1/06		•	
Recompletion []	Oil		Dry Gas	Elfectiv	e 3/1/90			
Change in Operator	Casinghead	Gas	Condensate []				•	
It change of operator give name and address of previous operator			***************************************					
H. DESCRIPTION OF WELL Lease Name			Pool Name, Includ	ing Formation	1 Kind	of Lease	Lanca No	
Federal 21		1	Ojo Encina		1 -	Federal or Fee	Lease No. NM-5980	
Location								
Unit Letter K	_ :231	0	Feet From The Sc	outh Line and 231	O Fe	ct From The	West Line	
Section 21 Townsh	ip 20N		Range 51	, NMPM,	McKinle	у	County	
III. DESIGNATION OF TRAI	SPORTER	OF O	L AND NATU	RAL GAS				
Name of Authorized Transporter of Oil		or Conden		Address (Give address to	vhich approved	copy of this form	is to be sent)	
	Meridian Oil, Inc.				P. O. Box 4289, Farmington, New Mexico 87499			
Name of Authorized Transporter of Casinghead Gas [] or Dry Gas []				Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit S K	Sec.	Twp. Rgc. 20N 5W	Is gas actually connected?	When	?	Address (Management and Calendary)	
If this production is commingled with that	from any other	r lease or	pool, give comming	ling order number:				
IV. COMPLETION DATA		Oil Well	1 c. w.	1 November 1 w				
Designate Type of Completion	- (X)	fon wen	Gas Well	New Well Workover	Deepen	Plug Dack San	ne Res'v Diff Res'v	
Date Spunkled	Date Compl.	l . Ready to	Prod.	Fotal Depth		P.B.T.D.	Figure 2 and common series (2.1)	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	xlucing Fo	omation	Top Oil/Gas Pay		Tubing Depth		
Perforations						Depth Casing Shoe		
				CEMENTING RECO	RD			
HOLE SIZE	CAS	ING & TU	JBING SIZE	DEPTH SE	T	SAC	KS CEMENT	
		· - · · · · · · · · · · · · · · · · · ·						
V. TEST DATA AND REQUE	ST FOR AL	i Low	ARLE			1		
-				t be equal to or exceed top a	Hansahla Cor this	e donat on he con t		
Date First New Oil Run To Tank	Date of Test		oj ioda oli and mie	Producing Method (Flow,			uii 24 hours.)	
Length of Test	Tubing Pres	same		Casing Pressure	-	() Sides		
	raoing ries:							
Actual Prod. During Test	Oil - Bbls.		· · · · · · · · · · · · · · · · · · ·	Water - Bbls.			7 12m k	
-						Con-MCF	J. 0. 4000	
GAS WELL		- *				1 Figure	281990-	
Actual Prod Test - MCI/D	Length of T	est		Bbls. Condensate/MMCF		ும் செ ம்	GAL DIV	
Testing Method (pitot, back pr.)	Tubing Pres	smë /Sha	<u> </u>	Casing Pressure (Shut-in)		C	197. 3	
ag resuma (pina, buck pr.)		ши (они	••••	Casing resoure (Sing-III)		Choke Size		
VI. OPERATOR CERTIFIC	CATE OF	COME	PLIANCE			.1		
I hereby certify that the rules and regu				OIL CO	NSERV.	ATION DI	VISION	
Division have been complied with and that the information given above				FFD 0.0 4000				
is true and complete to the best of my knowledge and belief.				Date Approved FEB 2 8 1990				
shing &		-		By	7.	wd.		
Signature Steven S. Dunn	Oper.	ations	Manager			•	-6	
Printed Name			Title	Title	SUPER	VISOR DIST	RICT #3	
2-26-90	(505		7-9801	'"				
INSTRUCTIONS THE TO	in is in the		idaila Na.					
1) Request for allowable for	. uswla qrije .u is in be i	ed or de	cbated well tim mittamor telit	st be accompanied by t	abulation 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.