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

## State of New Mexico **Energy, Minerals and Natural Resources Department**

OIL CONSERVATION DIVISION

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

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

P.O. Box 2088 Santa Fe, New Mexico 8750004-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator											
		O'1 T	***************************************			***************************************	Well API No				
Address	eridian (	Oil Inc.			******************************		30	039227	192		
	O Box	4289 Fa	rminatan	New Mexic	~ 97400				***************************************		
Reason(s) for Filing	g (Check pro	oper box)	mington,	INEW MEXIC	0 6/499		¬он. от				
New Well	•			Change in '	Т		Other (Pleas	e explain)			
Recompletion	-		0:1	Change in	Transporter o		Effective	Date 2-1-94			
-	Ĺ	==	Oil		Dry Gas	X					
Change in Ope	rator	X	Casinghe	ad Gas	Condensar	te					
If change of op	erator giv	ve name	······································	······································				***************************************		***************************************	
and address of	-	-	P&PP	roduction In	c., P.O. Bo	x 3178, N	Aidland, To	exas 79702-3	3178		
II. DESCRI	<u>PTION</u>	OF WE	LL AND	LEASE			***************************************				
Federal 6			Well No.			iding Formation		Kind of Lease		Lease No.	
Location	*******	***************************************	43	Lybrook Ga	llup		State, Fede	ral or Fee	NM 23045		
Unit	Letter	I	2040	Feet form the	South	Time and	240				
Sect	ion	6	Township	23 North	Range	Line and	340 ,NMPM,	Feet From The	East	Line	
III. DESIGN	NATIO	N OF TE		RTER OF (	M AND R	JA TIID A	,NMPM,		San Juan	County	
Name of Authorized	Transporte	r of Oil		or Condensate		<del></del>	******				
Meridian Oil Ir				or Condensate	X	DO Box	4220 Forms	ich approved copy	of this form to b	e sent)	
Name of Authorized	Transporte	r of Casinghe	ad Gas	y pr Dry Gas				ngton, NM 87			
Bannon Energy				X Ji Diy Gas		3034 FM	Ve address to wh	ich approved copy 240, Houston,	of this form to b	e sent)	
If well produces oil	or		1 Unit	Sec.	Twp.	Rge.			·		
iquids, give location	n of tanks.		1	[ ]	23N	TW	Is gas actually	connected?	When?		
f this production is	commingled	with that from	m any other lea	se or pool, give con	mmingling order	number:	<u>i</u>		<u> </u>	***************************************	
IV. COMPL	ETION	N DATA	·	,, &		matrice;					
		***************************************	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of C Date Spudded	********	*************		 	1	ř	1	į	1	i	
Date Spudded	L	Date Compl. R	Ready to Prod.		Total Depth		***************************************	P.B.T.D.	<u> </u>	<u> </u>	
Elevations (DF, RKI	B. RT. GR.	etc.)	Name of Proc	lucing Formation		1 <del>4</del> 0110			••••		
	,	/	Traine of Froc	deling I officiation		Top Oil/Gas	Pay	Tubing Depth	· · · · · · · · · · · · · · · · · · ·		
Perforations			.4		*****	.i		Donth Cosine Ch		***************************************	
			TUB	ING, CASIN	G AND CEM	ENTING	RECORD	Depth Casing Sho	e		
HOLE SIZE			CASING & TUBING SIZE			DEPTH SET		***************************************		ACKS CEME	
	******		·············			1	DEFIRE			ACKS CEME	
			0,				DEFINSE				
							DEFTASET				
V. TEST DA	TA AN	ID REQI	UEST FO	R ALLOW	ABLE			M E	Nº 87 B		
V. TEST DA	TA AN	ID REQI	UEST FO	R ALLOW	ABLE be equal to or ex	ceed top allow		pth or by Radiil 2	Nº 87 B	VEI	
V. TEST DA OIL WEL (Test Date First New Oil R	TA AN must be afte	D REQI	UEST FO	R ALLOW	ABLE be equal to or ex Producing Met	ceed top allow		pth or be for full 2	4 hours.)	<u> </u>	
OIL WEL (Test Date First New Oil R	TA AN must be afte	ID REQI	UEST FO	of load oil & must	be equal to or ex Producing Met		vable for this de mp, gas lift, etc.)	pth or be for full 2	Nº 87 B		
OIL WEL (Test Date First New Oil R	TA AN must be afte	ID REQI	UEST FO	of load oil & must	ABLE be equal to or ex Producing Met Casing Pressur			pth or be favuil 2	EB - 2 19	94	
OIL WEL (Test Date First New Oil R Length of Test	must be afte Run To Tank	ID REQI	UEST FO	of load oil & must	be equal to or ex Producing Met		vable for this de mp, gas lift, etc.)	pth or beforefull 2.	EB - 2 19	<u> </u>	
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This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompained 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.