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

DISTRICT III P.O. Lawer DD, Anesia, NM 88210 DISTRICT III	Santa Fe, New Mexico 87504-2088		at Bottom of Page
1000 Rio Brazos Rd., Адес, NM 87410 1.	REQUEST FOR ALLOWA TO TRANSPORT OF	BLE AND AUTHORIZAT L AND NATURAL GAS	TION
Operator MEDRION OLL & CAR CORL			Well API No.
MERRION OIL & GAS CORI	ORATION		
P. O. BOX 840, Farming Reason(s) for Filing (Check proper box) New Well [] Recompletion [] Change in Operator [] If change of operator give name and address of previous operator	Change in Transporter of: Oit X Dry Gas T Casinghead Gas Condensate []	Other (Please explain)Effective 3/	/1/90
II. DESCRIPTION OF WELL Lease Name Jicarilla 429 Location	Well No. Pool Name, Includ 4 Undesigna	ted Gallup	Kind of Lease Indian Lease No. State, Federal or Fee Jic 429
Unit Letter I	: 1850 Feet From The S	outh Line and 790	Feet From The East Lin
Section 24 Townshi		W , NMPM, Sandova	
Name of Authorized Transporter of Oil Meridian Oil, Inc. Name of Authorized Transporter of Casing If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge	P. O. Box 4289, Fa	oproved copy of this form is to be sent) armington, New Mexico 874 oproved copy of this form is to be sent) When 7
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:	
Designate Type of Completion Date Spudded	- (X) Oil Well Gas Well - (X) Date Compl. Ready to Prod.	New Well Workover De	repen Plug Back Same Res'v Diff Res'v
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING AND	CEMENTING DECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES OIL WELL (Test must be after to		1	
Date First New Oil Run To Tank	Date of Test	be equal to or exceed top allowable Producing Method (Flow, pump, go	for this depth or be for full 24 hours.) 25 lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gal MC
GAS WELL	I	I	FEB231990
Actual Prod. Test - MCI/D	Length of Test	Ibbls. Condensate/MMCF	West ity of Contichate
lesting Method (pitot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shukin)	DIST-9

VI. OPERATOR CERTIFICATE OF COMPLIANCE

Thereby 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 Operations Manager Steven_S Printed Name Title 2-26-90 (505)327-9801

OIL CONSERVATION DIVISION FEB 28 1990

Date Approved

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SUPERVISOR DISTRICT #3 Title

the properties and both the constitution of the properties of the with Rule 111.

Casing Pressure (Shut-in)

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

Telephone No.

- 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.