Submit 5 Copies Appropriate District Office DISTRICT I 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, Artesia, NM 88210 **OIL CONSERVATION DIVISION** P.O. Box 2088 Santa Fe, New Mexico 8750004-2088

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

Too No Diales Nu, Alice, AM 6/41	,		R ALLOWABI ANSPORT OIL			ON			
I.									
Operator					Well API No				
Meridian Oil Inc.				300 45 24 21300					
Address P.O. Box 4289, Fa	armington,	New Mexico	87499	•				***************************************	
Reason(s) for Filing (Check proper box)			·····		Other (Pleas	se explain)	····		
New Well		Change in T	ransporter of:	_					
Recompletion	Dry Gas	X	Lifective	Date 2-1-94					
Change in Operator X	Oil Casinghea	d Gas	Condensate						
If change of operator give name		*******************	*************************					***************************************	
and address of previous operator			., P.O. Box	3178, N	<u> Iidland, T</u>	exas 79702-3	3178		
II. DESCRIPTION OF WI	Well No.	Pool Name, Inch	iding Formation		TVILLE LET LL		······································		
Federal 6	41 Nageezi Gall		-		Kind of Lease State, Federal or Fe		Lease No. NM 11578		
Unit Letter A	990	Feet form the	North	Line and	830	Feet From The	East	Line	
Section 6	Township	23 North	Range	8 West	,NMPM,		San Juan	County	
III. DESIGNATION OF T	RANSPOI	RTER OF O	IL AND N	ATURA	L GAS	***************************************	***************************************	***************************************	
ame of Authorized Transporter of Oil or Condensate			X	Address (Give address to which approved copy of this form to be sent)			e sent)		
Meridian Oil Inc				*****		ington, NM 87499			
Name of Authorized Transporter of Casingle Bannon Energy Corp.	nead Gas	X or Dry Gas				hich approved copy		e sent)	
If well produces oil or	Unit	Sec.	Twp.	Rge.	Is gas actually	#240, Houston	When?	***************************************	
liquids, give location of tanks.	A	36	23N	i 8W	13 gas actuali	y connected:	Wilch?		
If this production is commingled with that fi	rom any other lea		mingling order r		·				
IV. COMPLETION DATA	4							***************************************	
D. T. CO. L. GO	i Oil Well	Gas Well	New Well	Workover	! Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X) Date Spudded Date Compl.	. Ready to Prod.	<u></u>	Total Depth	<u>.</u>	! 	P.B.T.D.	·	i 	
						I.D.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Proc	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations	i		***************************************	<u> </u>	*****			***************************************	
1 CITO WIND	TUR	ING, CASING	AND CEM	ENTING	RECORD	Depth Casing Sh	oe		
HOLE SIZE		ASING & TUBING	***************	DEPTH SET			SACKS CEMENT		

				†	**	***************************************		***************************************	
V. TEST DATA AND REC	QUEST FO	R ALLOW	ABLE			3 E (FW		
OIL WEL (Test must be after recovery Date First New Oil Run To Tank	y of total volume	of load oil & must i	be equal to or ex	ceed top allo	wable for this d	depth of e for full	24 hours.)		
Date First New Oil Run To Tank	Date of Test		Producing Met	od (Flow, pump, gas lift, etc.		FEB - 2 1994			
Length of Test	Tubing Pressure		Casing Pressure Cl		Choke Size	PED SIN		\ 2 \	
ual Prod. During Test Oil - Bbls.			Water - Bbls.		Gas - McF		CON. DIV		
							DIST. 3		
GAS WELL Actual Prod. Test - MCF/D	IF A CT	·	7517						
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		,	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Press	ıre (Shut-in)	Casing Pressure	e (Shut-in)		Choke Size		'	
VI. OPERATOR CERTIF	TCATE OF	COMPLY	NOT	Υ	•			***************************************	
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				OIL CONSERVATION DIVISION					
best of my knowledge and belief.				Date Approved FEB 0 2 1994					
Milanon (4) MAT	Dorru			Date App	rovea				
Signature	I.W. C.C.			By	~	as d	/		
Shannon McMorris	~~~~	Assistant							
Printed Name	Title			Title SUPERVISOR DISTRICT #3					
2/1/94 505-326-9526									

Telephone No. This form is to be filed in compliance with Rule 1104 **INSTRUCTIONS:**

Date

- 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.