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Appropriate District Office
DISTRICT 4
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

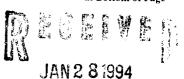
DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088



1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.

<u>I.</u>						DIST. 3			
Operator Meridian Oil Inc. 1453P					Well API No. 300392130200			-	
Address	•	Now Movies	97400	***************************************		713020C	·····		
P.O. Box 4289, Fa	imington,	New Mexico	8/499	i i	Other (Please	explain	·····		
New Well	ew Well Change in Transporter			c.			7 0		
Recompletion	Oil Dry Gas				<b>Effective</b>	Date	020 V	<del>}</del>	
Change in Operator X	Casinghead Gas Condensate			. =					
A Service A	casingnea	u Gas	Condensate	<b>'</b>					
If change of operator give name	D 0 D D	1	***************************************				***************************************		
and address of previous operator	*************	oducing Inc.	***************************************		***********************				
II. DESCRIPTION OF WE	Well No.			Kind of Lease		Lease No.			
Jicarilla 35 141.37	5	Otero Chacra	_	:		aDor Fee	Jic #35		
Location	1600		C 41-		1650 5 5		***************************************	***************************************	
Unit Letter J Section 36	1600 Township	Feet form the 25 North	South Range	Line and 5 West	Line and 1650 Feet From T		East Rio Arriba	Line	
III. DESIGNATION OF T				**********	*********		NO ATIOA	County	
Name of Authorized Transporter of Oil							of this form to he	e sent)	
							- 50111)		
Name of Authorized Transporter of Casinghead Gas		or Dry Gas	X	1	e address to which approved co		- 1		
EPNG If well produces oil or	i thia	1 0			4990, Farmington, NM		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		
liquids, give location of tanks.	Unit J	Sec. 36	Twp. 25N	Rge.	Is gas actually connected?		When?		
If this production is commingled with that fro	<del></del>		*****	********	<u></u>			***************************************	
IV. COMPLETION DATA						***************************************	***************************************		
	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.		Total Depth	: 	! . <b>!</b>	P.B.T.D.	·	<del>!</del> 	
						1.6.1.6.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	Name of Producing Formation		Top Oil/Gas	as Pay Tubing Dep		***************************************		
Perforations				Don'th Cook		a Chao			
	TUB	ING, CASING	AND CEM	ENTING	RECORD	Depth Casing Sh	ioe	•••••••••••••••••••••••••••••••••••••••	
HOLE SIZE	_	ASING & TUBING		DEPTH SET			S	ACKS CEMENT	
V. TEST DATA AND REQ	HEST FO	AD ALLOW	ADIF	<u> </u>				***************************************	
OIL WEL (Test must be after recovery				and top all a	wahla Can dain da		247		
Date First New Oil Run To Tank	hod (Flow, pu	mp, gas lift, etc.)	oin or be jor juii	24 hours.)	***************************************				
Length of Test Tubing Pressure Casing									
Length of Test Tubing Pr		ure	Casing Pressure		Choke Size				
Actual Prod. During Test Oil - Bbls.			Water - Bbls.	Vater - Bbls.		Gas - MCF			
CACMELI		******					······		
GAS WELL Actual Prod. Test - MCF/D Length of Test   Bbls. Condense					***************************************	Gravity of Cond	ensate		
					Slavity of Col		3010410		
Testing Method (pitot, back pr.)  Tubi		ubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFI	CATE OF	COMPLIA	NCF	T	***************************************			***************************************	
I hereby certify that the rules and regula	tions of the Oil (	Conservation Division	on have	0	II CONSI	EDVATIO	al deservation	NAT .	
been complied with and that the informates best of my knowledge and belief.	tion given above	e is true and complet	te to the		IL CONS	CHAN'S	Ng 19994510	JΝ	
Al				Date Approved					
Marron McMorry				Bird? Chang					
Signature			•	By	SUPERVISOR DISTRICT #8			48	
Shannon McMorris Production Assistant Printed Name Title			Assistant	Title					
12/21/93 505-326-9526			5	Tiue	***************************************	***************************************	***************************************	***************************************	
Date - Telephone No.				,					

INSTRUCTIONS: 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.