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

1000 Rio Brazos Rd., Aztec, NM 87410

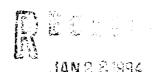
DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088



				DR ALLOWAB ANSPORT OIL			હિંહ	N 2 8 1994	•	
I.			·····				JA	(19 & 9 100°	Ď	
Ope	Meridian Oil Inc.	14538	*******************************		***********	Well API No. 30-039-213	30300 OIL	CON. L DIST 3	elV.	
Add		mington N	New Mexico	87499			·			
Reas	P.O. Box 4289, Farmington, New Mexico 87499 Reason(s) for Filing (Check proper box) Other (Please explain)									
Ner	w Well		Change in Ti	ransporter of		_}				
Rec	completion	Oil	<u> </u>	Dry Gas		Effecti	uc 01		•	
Cha	ange in Operator X	Casinghead	d Gas	Condensate			,	1 9 4	Ė	
Ifc	hange of operator give name	•••••••••••••••••••••••••••••••••••••••		•••••						
and address of previous operator P & P Producing, Inc., P.O. Box 3178, Midland, TX 79702-3178										
	DESCRIPTION OF WE			., T.O. DC	7 3170, 1	viidiand, 1	A 19102-3	170		
Leas	e Name	Well No.	Pool Name, Inclu	_	***************************************	Kind of Lease		Lease No.		
Jica Loca	rilla 35 /4/37	6	S. Blanco Pic	ctured Cliffs	72439	State, [Fede	eral] or Fee	Jic 35		
	Unit Letter A	1550	Feet form the	North	Line and	990	Feet From The	East	Line	
l	Section 1	Township	24N	Range	5W	,NMPM,		Rio Arriba		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
<u> </u>	e of Authorized Transporter of Oil		or Condensate		Address (Giv	ve address to wh	ich approved copy	of this form to be	sent)	
Nam EPI	e of Authorized Transporter of Casinghea NG	nd Gas —	or Dry Gas	X			ich approved copy ngton, NM 87		sent)	
}	ll produces oil or	Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When?		
-	ds, give location of tanks. s production is commingled with that fror	: A	e or nool give com	mingling order	5W	<u> </u>	***************************************		***************************************	
IV		ir arry outer reas	e or poor, give com	ininging order	idifficer,				***************************************	
		1 Oil Well	Gas Well	New Well	i Workover	; Deepen	l Plug Back	Same Res'v	Diff Res'v	
	gnate Type of Completion - (X) Spudded Date Compl. R	eady to Prod	<u></u>	Total Depth	! ፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟	! !	P.B.T.D.	<u> </u>	 	
				Тошт Берці			I .B. I .D.			
Elev	ations (DF, RKB, RT, GR, etc.)	Name of Produ	icing Formation		Top Oil/Gas	Pay	Tubing Depth	***************************************		
Perfo	rations	<u> </u>			<u></u>		Depth Casing Shoe			
	TUBING, (CASING AND CEMENTING RECOR						
ļ	HOLE SIZE	CA	SING & TUBING	SIZE		DEPTH SET		S	ACKS CEMENT	
				***************************************		*****	·····		•	
V.	TEST DATA AND REQI	UEST FO	R ALLOW	ABLE	<u> </u>		***************************************			
OII	WEL (Test must be after recovery o				ceed top allow	vable for this de	pth or be for full .	24 hours.)		
Date	First New Oil Run To Tank	Date of Test Producing M			thod (Flow, pump, gas lift, etc.)					
Leng	th of Test	Tubing Pressure		Casing Pressure Choke Size				***************************************		
Actu	al Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas - MCF			
GA	S WELL	İ		<u> </u>	······································					
	al Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Tarai	ng Method (pitot, back pr.)	Tubing Pressure (Shut-in)				······				
1 CSU	ng Arethod (phot, back pr.)	Tubing Pressur	e (Snut-in)	Casing Pressure (Shut-in)			Choke Size			
VI.	OPERATOR CERTIFICATE OF COMPLIANCE						<u>}</u>	*************		
	hereby certify that the rules and regulation		OIL CONSERVATION DIVISION							
	been complied with and that the information given above is true and complete to the best of my knowledge and belief.						JAN 2 8 1994			
-					Date Approved			JAN & C 100 1		
Sign	nature		***************************************		By	-3		2/		
Bill	Brightman Production Assistant									
	ted Name Title				Title SUPERVISOR DISTRICT #8					
Date	/21/93 505-326-9752 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.