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Appropriate District Office
DISTRICT |
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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM \$7410 Santa Fe, New Mexico 87504-2088

I.		FOR ALLOWARANSPORT O						
Openior Spuder Oil Corp	TO TRANSPORT OIL AND NATURAL GAS orporation 2042					Well API No. 30-039-22160		
Address	00000			30-039-221	1.00			
1625 Broadway, Reason(s) for Filing (Check proper box)		Denver, Co.		het (Please exp	lain)	<del></del>		
New Well	7	in Transporter of:	_	•	•			
Recompletion Change in Operator	Oil Caringhead Gas [	Dry Gas	EFFE	ECTIVE DA	TF 11/	193		
K change of country aims as a	Oil and Gas						7401	
II. DESCRIPTION OF WELL			10 21 110	Jave, 10	TIMINGEO	n, N.H. U	7401	
Lease Name	Well No				Kind	of Leasu	Lease No.	
Jicarilla 10257	114	Lindrith	Gallup D	akota, W	est Sue,	Pederal or Fee	JIC111	
Unit Letter C		Feet From The	North L	16	50 <sub>Re</sub>	et From The	West Line	
Section 7 Townsh	nip 24N		T T	MPM,		o Arriba		
						<del></del>	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	NSPURIER OF Cond				tich approved	copy of this form	is to be sent)	
Meridian Oil Company	an Oil Company P. O			O. Box 4289, Farmington, N. M. 87499				
Name of Authorized Transporter of Casin El Paso Natural Gas		or Dry Gas	Address (Give address to which approx			d copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit   Sec.		P. O. Box 4990, Farmington, N. M. 87499  ls gas actually connected? When?					
If this production is commingled with that	<u> </u>		Yes	ber:		·		
IV. COMPLETION DATA								
Designate Type of Completion	- (X) Oil We	II Gas Well	New Well	Workover	Deepea	Plug Back Sar	ne Res'v Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	**************************************		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Ges Pay			Tubing Depth	
Perforations						Depth Casing Shoe		
	TIPRIC	CACINIC AND	CTA CTA CTA	VG BEGOR				
HOLE SIZE	CASING & T	CEMENTING RECORD DEPTH SET			SACKS CEMENT			
			oer aroer			GAORO GEMENT		
	<del> </del>							
	<del> </del>		<b> </b>					
V. TEST DATA AND REQUES						·	t .	
OIL WELL (Test must be after re Date First New Oil Rua To Tank	t be equal to or exceed top allowable for this depth gaths for full 24 hours \$							
	Date of Test							
Length of Test	Tubing Pressure		Casing Pressure			Choke Siles	OV 51993	
Actual Prod. During Test	Oil - Bbis.		Water - Bbia.			GA-MCOIL CON.		
GAS WELL	L		<u></u>				Dist.	
Actual Prod. Test - MCF/D	Leagth of Test		Bbla. Condens	nie/MMCF		Gravity of Coade	acile	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
VL OPERATOR CERTIFICA	OIL CONSERVATION DIVISION							
I hereby certify that the rules and regular Division have been complied with and the	Date ApprovedNOV - 5 1993							
is true and complete to the best of my k								
Dist.	7 1 0							
Terry L. Savage	SUPERVISOR DISTRICT #3							
Printed Name 10/29/93	(303)	Tale 592-8500	Title_	<del></del>				
Date		phone 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 accompanied 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.