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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 1-1-39 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Astonia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MERIDIAN OIL INC.	<u>.</u>	<u> </u>		OIII OIL	THE THE	i Oi Dit C	7	V-II AI	1 No.			
Address		Nov M		9740								
P. O. Box 4289, Farmington, New Mexico 87499 Resson(a) for Filing (Check proper box) Other (Please explain)												
New Well		Change in	Trans	porter of:		- 11 N						
Recompletion	OS Dry Oss D								000) 1	122100	
Change in Operator										ect. lo	1931AM	
M'change of operator give acros Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120 and address of previous operator												
IL DESCRIPTION OF WELL AND LEASE Well No. Book Name Including Formation												
Lease Name Jicarilla G	Well No. Pool Name, Includin 6 Blanco Mesa							Kind of Lease State, Redenil or Fee			1	
Location												
Unit Letter	نملك:	35	Feet	Prom The	S_ 140	a and	<u>5_</u>	Fee	From The _	\underline{U}	Line	
Section 2 Township		26N	·	5W		Ri	o Arr	iba			County	
Section Z Township			Rang		N	MPM, KI						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil or Condensate Meridian Oil Inc.						Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499						
Nume of Authorized Transporter of Cusinghead Gas or Dry Gus						e address to v	which app	roved o	opy of this fo	vm is to be see		
Gas Company of New Mex M well produces oil or liquids,		Sec.	Twp	Rge.		Box 1899 by connected?		Whea '		87413		
give location of tanks.			. ~ p		15 gas eccuar	ly compensati	i	*****				
If this production is commingled with that f	rom may other	er Jeass or	pool,	give commingli	ag order ausz	ber:						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	- P	γ	Plug Back	Same Res'y	Diff Res'v	
Designate Type of Completion	· (X)	Ou wea	' [CES WELL	 tem men	warmer	Dec	ر سر 	ING DOCK	John Kie		
Date Spudded	Data Comp	i. Ready to	o Prod	L	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Ges Pay				Tubing Depth			
Perforetions									Depth Casin	g Shoe	İ	
TUBING, CASING AND CEMENTING RECORD												
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABI	Æ				al:	. dansk om ka	for full 74 hou	re)	
OIL WELL (Test must be after n Date First New Oil Rua To Tank	Date of Te		0 10	ad oil and must		hethod (Flow,				(A) (A) (A) (A)		
Length of Test	Tubing Pressure			Casing Pressure			ן מ	ETT	BAE	IIII		
Actual Prod. During Test	Oil - Bhis.				Water - Bbi	18.		M	Gas-MCF		W	
	On Date							10		1990		
GAS WELL										DIV		
Actual Prod Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			U	DIST. 3			
Testing Method (pitat, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			· · ·	Choke Size			
Total Section (Pain, Max by 7						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•					
VI. OPERATOR CERTIFIC	ATE O	COM	PLI	ANCE		£ 3.11			÷ Cu Ni	15171616	אר	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					Do.	Date Approved						
Leslie Kahwayy						1 · · · · · · · · · · · · · · · · · · ·						
State						By But Chang						
Leslie Kahwajy Prod. Sety. Supervisor						•			SUPERV	ISOR DIS	TRICT #3	
6/15/90		(505)	326	5-9700	Tit	le				-		
Date		T	elepbo	one 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.