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 Instruction at Bottom of Pr

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III	•	Santa Fe, New Mexico 8/304-2088						
1000 Rio Brazos Rd., Aztec, NM	REQUEST FOR ALLOW	ABLE AND AUTHO	RIZATION					
[.	TO TRANSPORT	Well API No. Well API No. Well API No. Well API No. Change is Transporter of: Dry Gas Gas Condensate Nell name changed from Jicarilla H #8 SE Well No. Pool Name, Including Formation Basin Dakota Kind of Lease Lease No. C103						
Operator								
Meridian Oil Inc.								
Address P. O. Box 4289, Fa	armington, NM 87499							
Reason(s) for Filing (Check proper	r bax)	X Other (Please &	eplain)					
New Well	Change in Transporter of:							
Recompletion								
Change in Operator	Casinghead Gas Condensate	☐ Well name cha	nged from Jicarill	a H #8				
f change of operator give name and address of previous operator								
L DESCRIPTION OF W	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 1289, Farmington, NM 87499 (Check proper bax) Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate Nell name changed from Jicarilla H #8 give name us operator ON OF WELL AND LEASE Well No. Pool Name, including Fernation 8 Basin Dakota State, Foderal or Fee C103							
Esass Name	Well No. Pool Name, Inc	luding Fermation	Kind of Lease	Lease No.				
Jicarilla 103	8 Basin D	akota	State, Federal or Fee	C103				
Location			<u></u>					
р	790	Sou£h	700	Fact				

P. O. Box 4289, Fari	mington,	NM 8	7499							
Resson(s) for Filing (Check proper be	r bax) (Please explain)									
Vew Well		Change	ів Тлавро	_						
Recompletion	Oil		Dry Gas	. 🗆						
Change in Operator	Casingt	nead Gas [Conden	sate 🗌	Well na	me chai	naed from	n Jicaril	la H #8	;
change of operator give name							<u>-5,</u>		1 70	
nd address of previous operator								·		
L. DESCRIPTION OF WE	LL AND L		Pool Ne	me lacked	ing Formation		! Vind	of Lease	-; -;	No
Jicarilla 103		8	1	in Dak	-			Federal or Fee		ease No.
Location		1 0	Das	III Dak	υια				<u>C103</u>	1
Unit Letter P	:	790	_ Feet Fre	om The _S	ou th Line	and	790 =	eet From The	East	Li
Section 19 Tow	vaship	26N				77 (
<u> </u>	темпр	ZON	Range	4	. W, NB	ирм,	Rio arrit	od		County
II. DESIGNATION OF TR	ANSPORT									
•		or Cond	ensate	$\stackrel{\sim}{\longrightarrow}$	1			i copy of this for		•
Meridian Oil Inc.					<u>Р. О. В</u>	ox 4289	9. Farmir	<u>ngton.NM</u>	<u>87499</u>	
Name of Authorized Transporter of C	_		or Dry (Gas 🏋				copy of this for		
Gas Company of New 1 f well produces oil or liquids.		1 6	I.T.	1 -				field. NM	87413	
I well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When	1 ?		
this production is commingled with	that from any	ther lease o	t nool sive	L. COMMING	ing order sumb					
V. COMPLETION DATA			- h Br ₄₄	- ~maining	THE OWNER BITTIES	<u> </u>				
Designate Type of Complete	ion (V)	Oil We	11 G	as Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res
Designate Type of Complete					1					
Date Spudded	Date Co	mpi. Ready	to Prod.		Total Depth			P.B.T.D.	_	
levations (DF, RKB, RT, GR, etc.)	Name of	Producing i	Formation		Top Oil Cas ?	2y		Tubing Depth		
<u> </u>		J .								
erforations								Depth Casing	Shoe	
										
		TUBING	. CASIN	IG AND	CEMENTIN	IG RECC	RD			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET SACKS CEMENT						
	!				1					
TECT DATA AND DECL	UECT FOR	ALLOU	/ADLE							
. TEST DATA AND REQUIL WELL Test must be aff				it ===d =====	h		llamable for at		- £.11 24 L	>
IL WELL (Test must be after the state First New Oil Run To Tank	Date of		e of local of	u and must			pump, gas lift, i		јші 24 hou	3.)
I HOLLOW ON INME TO LAME	Date of 1	CSL			Freedering Me	alou (F10W,	pany, gas iyi, i	····/		
ength of Test	Tubing Pressure				Casing Product					
					N A	7 3m 🙂	海幕型	L		
actual Prod. During Test	Oil - Bbls.			Water - B	-	- 3	Gar MCF			
					<u> </u>	MAR	<u>1 3 1991</u>			
GAS WELL)!! C	Cint N	NZ		
ctual Prod. Test - MCF/D	Length o	Length of Test			Bbis. Conden		UIV. U	Gravity of Cor	adensate	
	<u></u>	ļ				م	IST. 3		•	•
sting Method (pilot, back pr.)	Tubing P	ressure (Shu	A-in)		Casing Pressu	re (Shut-in)		Choke Size		
					ļ			!		
L OPERATOR CERTIF	ICATE O	F COM	PLIAN	CE		VII. CC	NOCOV	ATION	11/10/0	N I
I hereby certify that the rules and re						IL CO	N2FHA	ATION D	IVISIC	NV.
Division have been complied with a is true and complete to the best of a			ven above				M	IAR 1 3 19	Q1	
A A	A Page	and deliel.	9		Date	Approv	ed	CI G T UMI	J1	
To Alia	Un h	מלוו	IJ					Λ		_
Signature 9	rjusu	<i>vu</i>	7		By		3.1	> dh	/	
Leslie Kahwajy	<i></i>	Produ	c tio n	Analys	∦ - , _		00000		- -	
Printed Name			Title		Telo		SUPERV	ISOR DIST	RICT /	3

3/8/91 Date 505-326-9700

- 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.

Telephone No.

- 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.

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104