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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM §8210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[.	T	O TRAI	<u>NSP</u>	ORT OIL	AND NAT	URAL G		DI XI-			
Operator Meridian Oil Inc.							Well A	P1 N0.			
Address P. O. Box 4289, Farming	gton, N	M 874	199								
Resean(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead		Transp Dry G Conde			name cha	ain) anged fro	om Jicar	illa <u>H</u>	#10	
if change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL A	ND LEA	SE									
Jicarilla 103	Well No. Pool Name, Including 10 Basin Dako				Carre E			of Lease Federal or Fee			
Location Unit Letter D	. :9	30	Feet i	rom The No	rth Line	and8	40 Fe	et From The	West	Line	
Section 17 Township	2	6N	Range	41	, NIA	IPM, R	<u>io Arrib</u>	a		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Meridian Oil Inc.	or Condensate Address (Give address to which approved copy of this form is to be see P. O. Box 4289, Farmington, NM 87499 beed Gas or Dry Gas X Address (Give address to which approved copy of this form is to be see										
Name of Authorized Transporter of Casing Gas Company of New Mex			or Dr	y Gas 💢			vhich approved Bloomf				
If well produces oil or liquids, give location of tanks.		Sec.	Twp.	Rge.	Is gas actuali		When				
If this production is commingled with that f	rom any othe	r lease or	pool, g	rive commingli	ng order num	per:		-			
IV. COMPLETION DATA	an.	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations					Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE		CASING & TUBING SIZE				DEPTH SE			SACKS CEMENT		
					<u>j</u>						
			-								
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E	<u> </u>			:	for full 24 hor		
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te		of loa	id oil and must	Producing M	ethod (Flow,	pump, gas lift,	etc.)	JOF JULI 24 NOS	-	
	Tuking Program				Casing W	Lice I	FIVE	Gide Size	Cache Size		
Length of Test	Tubing Freezence				עט" ו	MARI	2 1001	Gas- MCF	 		
Actual Prod. During Test	Oil - Bbls.				Water - Boli		9 1331 M. DIN				
GAS WELL					(Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	Bbls. Condensate/MR2167. 3			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	aure (Shut-in)		Choke Siz	e		
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved MAR 1 3 1991						
Lania Lahumill						li					
Signature Leslie Kahwajy Production Chalyst					Ву	By Supervisor district 13					
Printed Name 3/8/91	Title 505-326-9700 Telephone No.					 _				-	
Deta		Te	elepho	16 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.