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

I.

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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator O.17 7	Well API No.												
Meridian Oil Inc.		 -											
P.O. Box 4289, Farmin	gton,	NM 874	99										
Resson(s) for Filing (Check proper box)					X Ot	het (Please exp	iain)						
New Well		Change in			_	•							
Recompletion	Oil		Dry G		77	1	1		٠.				
Change in Operator If change of operator give name	Caningh	ead Gas	Conde	mate	Well	name cha	anged	tron	n Jica	rilla H	#6 Y		
and address of previous operator							_						
II. DESCRIPTION OF WELL	AND LI	EASE			~-								
Liese Name	Well No. Pool Name, include					I .	Kind of I		1	Lease No.			
Jicarilla 103	6Y Basin Dako				ta	<u> </u>		State, Per	derai or Fe	× C103	3		
Unit Letter M		990		. <u> </u>	uthE.	107	70			West			
Unit Letter	- :	990 Feet From The South				Line and 1070 Feet From T				ieLine			
Section 20 Towns	nip :	26N	Range	. 4	N, W	ІМРМ,	Rio	Arrit	oa		County		
III DESIGNATION OF TOAT	Nenona	ED OF O		Th. 3.1.	-				_				
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	TOPUKI	or Conden					hich co-	round on	me of this .	forms in to be -			
Meridian Oil Inc.	or Condensate				1				on NM 97/100				
Name of Authorized Transporter of Casi	inghead Gas or Dry Gas X				P. O. Box 4289, Farmington Address (Give address to which approved copy								
Gas Company of New Me	Mexico				P. O. Box 1899, Bl								
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actual	ly connected?	'	When?					
f this production is commingled with that	t from any o	ther lease or	nool a	ve comminal	ing order non			_					
V. COMPLETION DATA			, 6 ,	Ac continue	mg order mm								
Designate Time of Completion		Oil Well		Gas Well	New Well	Workover	Dec	pen F	lug Back	Same Res'v	Diff Res'v		
Designate Type of Completion Date Spudded		l Post to to	Ļ_		1	1				1	<u> </u>		
Date Sprouer	Date Con	npi. Ready to	Prod.		Total Depth			P	B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
								. 1	ming Deb	,uı			
Perforations								D	epth Casir	ng Shoe			
		TIPPIC	0.0					:					
HOLE SIZE		TUBING, CASING AND (CEMENTING RECORD DEPTH SET				212/2 25/15/17			
NOCE SIZE	CASING & TUBING SIZE				1	SACKS CEMENT							
								•					
										_			
V. TEST DATA AND REQUE	ST FOR	ALLOW	DIE										
OIL WELL Test must be after					be equal to or	r exceed top alle	owable fo	or this de	oth or be	for full 24 hou	pr.)		
Date First New Oil Run To Tank	Date of T					ethod (Flow, pi				, ,			
							1050						
Length of Test	Tubing P	ressure			Casing Pres	ine S	• •	₽C	house Size				
Actual Prod. During Test	Oil - Bbls				Water - Bbis	<u> । ।</u>	3 19	91 G	as- MCF				
ū	J., 20.	-					. 0 13	J!					
GAS WELL						OIL CO	N.	DIA	•				
Actual Prod. Test - MCF/D	Length of	Test		-	Bbls. Condes	mie/MMCD	ST. 3	G	ravity of (Condensate			
									•				
ring Method (pilot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size					
A ODED ATOD OFFI	7 A 7777 C	F 001 =	T T	·	! 								
VI. OPERATOR CERTIFIC			_	NCE	(OIL CON	NSEF	RVAT	ΓΙΟΝ	DIVISIO	N		
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							
To Alio 2	(Oh)	ו מנוו	W			pp. 010				}			
Signature 7 draway					By But) Chang								
<u>Leslie Kahwajy</u> Production Analyst					,_		SHP	EB///c	יח מו	STRICT	a -3		
Printed Name 3/8/91	50	5-326 - 9	700	_	Title				JON DI				
Date			phone N	io.					-				
		-1											

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.