Submat 5 Cones
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

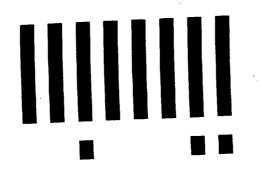
DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I</u>	•	TO TRA	ANS	PORT OIL	AND NA	TURAL GA	AS				
Operator Town Town					· · · · · · · · · · · · · · · · ·			API No.			
nion Texas Petro	eum Co	ornora	tion	1				<u></u> -			
	ouston.	. Texa	s	77252-21	20						
Reason(s) for Filing (Check proper box)						net (Please expir	nin i				
New Well		Change is	Trans	sporter of:			/				
Recompletion	Oil	<u> </u>	Dry	Gas 🗔							
Change in Operator	Casinghea	d Gas	Conc	jenmte 🗌							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	ANDIE	.CE	-	-							
Lease Name	AND LEA		Pool	Name, includ	ng Formation		Kind	of Lease		ease No.	
Jicarilla "H"	12M Dakota						Federal or Fe		C103		
Location				7							
Unit Lener 1	_ :		_ Feet	From The	ننا	ne and	Fe	et From The		Line	
Section 17 Townshi	7/1	h /	Rang	e 04 h	/ .	OMPM, $ar{\mathcal{K}}$	10 Ac	0.0.		_	
occept / Townshi	y all	.V	Kang	C UTN		Mrm, F	10 AL	ici (sa		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	\Box	or Conde	airie		Address (Gi	we address to wi	uch approved	copy of this	form is to be s	eni)	
Meridian Oil Inc.					P.O. Box 4289, Farmington, NM 87499						
Gas Company of New Mexico or Dry Gas				Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, NM 87413							
If well produces oil or liquids,	Unit Sec.		Twp. Rge.		is gas actually connected? When						
pve location of tanks.	<u>i i</u>		<u>i </u>				""	•			
f this production is commingled with that	from any oth	er jesse or	pool,	give comming	ing order nur	ber:					
V. COMPLETION DATA		100000					,		,		
Designate Type of Completion	- (X)	Oil Well	l 1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	o Prod		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<u> </u>	<u>. J</u>	
								1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tubing Depth				·	
Perforations					!			 			
								Depth Casis	og Spoe		
TUBING, CASING AND						NG RECOR	<u>D</u>	i			
HOLE SIZE						DEPTH SET		1 :	SACKS CEMENT		
	·				·						
	:			····							
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E				•			
OIL WELL Test must be after n	ecovery of lo	tai valume	of loa	d oil and must	be equal to o	exceed top allo	mable for thi	s depth or be	for full 24 hou	PS.)	
						lethod (Flow, pu	mp, gas lift, d	uc.)			
Length of Test	Tubing Pres				Casing Press			Choke Size			
	Tabing Treesile										
Actual Prod. During Test	Oil - Bbls.				Water - Bbis		·	Gas- MCF	Gas- MCF		
	<u> </u>					·					
GAS WELL											
rual Prod. Test - MCF/D Length of Test					Bbis. Conde	acate/MMCF		Gravity of	codensate		
esung Method (puot, back pr.)	Tubing Pro	ens (Chi			Carina Davis	(Chia in	 	i. Tanana araw		, · - · · · · · · · · · · · · · · · · · 	
results (patel total pr.)	Tubing Pressure (Shut-m)				Canting Press	rure (Shut-in)		Choke Size	4, 4, 4, 4,	'	
VI. OPERATOR CERTIFIC	ATE OF	COME	OI IA	NCE	1[· · · · · · · · · · · · · · · · · · ·			
I hereby certify that the rules and regula						OIL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and t	that the infon	metica giv	en abo	ve							
is true and complete to the best of my k	DOMESTE M	d beiser.			Date	e Approve	<u>Д</u> Б	UC 28 1	000		
Cinuth P Boka					Date ApprovedAUG 2 8 1989						
Signature		<i>V. J. L.</i>) 		By_	· · · · · · · · · · · · · · · · · · ·	Buch!				
Annette C. Bisb	y Env	. & R		Secrtry		8	UPERVIS	SIONDIS	STRICT #	7	
8-4-89	(7	13)96	Tille 8–4(Title)				.v	
Date		Tek	ephone	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 corrience of this form must be filled out for allowable on new and recomplesed wall







Job separation sheet

Submit 5 Copies State of New Mexico Form C-104 Energy, Minerais and Natural Resources Department Appropriate District Office Revised 1-1-89 See Instructions P.O. Box 1980, Hobbs, NM 88240 ttom of Page OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Anesia, NM 88210 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 Well API No Thion Texas Petroleum Corporation Adaress 2.0. Box 2120 Houston, Texas 77252-2120 Reason(s) for Filing (Check proper box) Other (Please explain) New Well GAIINP Change in Transporter of: Recompletion 🗓 Dry Gas Oil Change in Operator Caningh Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE C4NDK174 Lease Name Well No. | Pool Name, including Fo Kind of Lease Lease No. V (Gallup AKOTA) WOST State, Federal or Fee C103 <u>Jicarilla "H"</u> 12M Location Unit Letter Feet From The Range 04W Section Township County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Meridian Oil Inc. P.O. Box 4289, Farmington, NM 87499 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas 🔯 Gas Company of New Mexico P.O. Box 1899, Bloomfield, NM 87413 If well produces oil or liquids, Unit Sec Twp. Rge. | Is gas actually connected? When? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order sumber: IV. COMPLETION DATA New Well | Workover | Deepea | Plug Back | Same Res'v | Diff Res'v Oil Well Gas Well Designate Type of Completion - (X) Date Spudded Total Depth Date Compi. Ready to Prod. P.B.T.D. Elevations (DF. RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil as at be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Casing Pressure Choke Size Tubing Pressure Actual Prod. During Test Water - Bbis. Oil - Bbls. Gas- MCF **GAS WELL**

VI. OPERATOR CERTIFICATE OF COMPLIANCE

Length of Test

Tubing Pressure (Shut-in)

Actual Prod. Test - MCF/D

Testing Method (puot, back pr.)

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information gives above
is true and complete to the best of my knowledge and belief

OIL CONSERVATION DIVISION

Gravity of Condens

Choke Size

Bbis, Condensate/MMCF

Casing Pressure (Shut-in)