Submit 5 Comes 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 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	REQUI	EST FO	OR A	LLO	WA	BLE AND AUTH L AND NATURA	IOR	IZATION				
Openior Meridian OII Inc.	<u>·</u>	<u> </u>		<u> </u>		L AND NATORA	<u> </u>		API No.			
Address												
P. O. Box 4289, Farm	ington, A	\M 87	7499							_		
New Well	(Change in	Transr	conter of	f:	Other (Pleas	ie exp	iain)				
Recompletion	Oil		Dry G									
Change in Operator If change of operator give name	Casinghead	Gas 🗌	Conde	en state	\sqsubseteq	Well name	e ch	anged f	rom Jic	arilla H	=8E	
and address of bischioris obstatos.												
IL DESCRIPTION OF WELL												
Lease Name Jicarilla 103	1	Vell No. 8E		Name. I		ing Formation			of Lease		ease No.	
Location		OL	Das	5 111 1	Jak	o ca		SUE	, Federal or F	Jic.	103	
Unit Letter	_ :1850)	Feet F	rom Th	e No	orth Line and _	165	0 .	eet From The	East	• •	
Section 19 Townsh	io T26N	!		r							Line	
			Range			, NMPM,		R 10 P	rriba		County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTER	OF OI	L AN	ID NA	TU	RAL GAS						
Meridian Oil Inc.	°	r Conden	ENLE			Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499						
Name of Authorized Transporter of Casinghead Gas or Dry G				Gas [copy of this	M 87499		
Gas Company of New Me	,	ec.		_,		P. O. Box 1899, Blooms			field, NM 87413			
give location of tanks.		σα. 	Twp.	İ	Rge.	Is gas actually connect	ed?	When	1?			
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or p	ool, gi	ve com	mingi	ing order number:						
IV. COMPLETION DATA		Oil Well		Gas We	.11	New Well Worko		1 5				
Designate Type of Completion	- (X)		i	Oda We	:11	New Well Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compt.	Ready to	Prod.			Total Depth			P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	ucing For	mation			Top Oil/Gas Pay			Tubing Den			
Perforations								Tubing Deput				
a wrotelous							_		Depth Casir	ng Shoe		
	TU	BING, (CASI	NG A	ND	CEMENTING REC	OR	D £	3 7 A	50 7 CH	The special	
HOLE SIZE		IG & TU				DEPTH			ال ال	SACKS CEME	NT (
									i i	- 6100-	وسوا	
1								· · · <u>-</u> · · ·	AAR			
7. TEST DATA AND REQUES	T FOR AL	LOWA	DIE						Oli C	ON. D	IV.	
OIL WELL Test must be after re	covery of total	volume of	DLE. fload d	oil and i	must (be equal to or exceed to	n allo	wahle foe thi	denth or har	مرين الكارية		
Date First New Oil Run To Tank	Date of Test					Producing Method (Flo				or just 14 now.	ş.,j	
ength of Test	Tubing Pressur					Caring Pressure		······	Choke Size			
	luoing Fressire				Casing Pressure			CHORE SIZE				
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.			Gas- MCF			
GAS WELL		 -			!					· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test - MCF/D	Length of Test				i	Bbls. Condensate/MMC	F		Gravity of C	ondensate		
										OMOCUME		
sting Method (puot, back pr.)	Tubing Pressure (Shut-in)			Ī	Casing Pressure (Shut-in)			Choke Size				
L OPERATOR CERTIFICA	ATE OF C	OMPI	IΔN	Œ					i • • • • • • • • • • • • • • • • • • •			
I hereby certify that the rules and regula	tions of the Oil	Conserva	tion	CL		OIL C	NC	SERV	ATION I	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MAR 1 5 1991							
	/ /					Date Appro	vec	l				
simular Fiahuary					Bu Bird Chang							
Leslie Kahwajy Production Analyst					t	SUPERVISOR DISTRICT #3						
Printed Name Title 3/15/91 505-326-9700					Title					_		
Date		7 clepb).	-							

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.

Submit 5 Cooles
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 Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III		San	ta Fe, New N	Mexico 875	04-2088					
1000 Rio Brazos Rd., Aztec, NM 87410	REO	HEST EC	R ALLOWA	DI E AND	ALITUODI	74700				
I.	ILC	TOTRA	NSPORT OF	I AND NA	AUTHORI ATTIRAL G	ZATION AS				
Operator				<u> </u>	TOTIAL		API No.			
Meridian Oil Inc.										
Address										
P. O. Box 4289, Farmi	ngton,	NM 874	199							
Reason(s) for Filing (Check proper box)				X Ou	her (Please expi	аіл)			 -	
New Weil		Change in T	nansporter of:		. ,	· ,				
Recompletion	Oil	□ I	Ory Gas 🔲							
Change in Operator	Camphe	ad Gas 🗀 (Condensate [Well	name ch	anged f	rom Jica	rilla U	#QE	
If change of operator give name and address or previous operator						, <u></u>	<u> </u>	1 1 1 1 1 11	-01	
IL DESCRIPTION OF WELL	AND LE	ASE								
Lease Name			ool Name, includ	ing Formation		Kind	of Lease	I	ease No.	
Jicarilla 103		8E	_Blanco M	esaverde		_	Federal or Fee			
Location				<u> </u>		<u>-</u>		1016.	103	
Unit Letter	_ :	1850 F	eet From The $\frac{N}{2}$	orth Lin	e and1650	<u>) </u>	eet From The _	East	Line	
Section 19 Townshi	p 26N	√ F	Range 4W	N	MPM,	Rio A	aniba		C	
						. 1/10. 1	LILIUA		County	
III. DESIGNATION OF TRAN	SPORTE	CR OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condensa	te X		e address to wi	uch approved	copy of this fo	rm is to be se	ERL)	
Meridian Oil Inc.				t	Box 4289					
Name of Authorized Transporter of Caring		0	r Dry Gas 💢	Address (Gir	e acidress to wh	ich approved	copy of this for	rm is to be se	ent)	
Gas Company of New Mex				P. O.	Box 1899.	. Bloom	field. NN	1 87411		
If well produces on or liquids, give location of tanks.	Unit Sec. Twp. Rge.			Is gas actuali		When				
If this production is commingled with that i	from any ou	er lease or no	Ol. give comming	ling order num	her-					
IV. COMPLETION DATA	, , , , ,	1 0. ро	or, gave continuing	und order nam						
		Oil Well	Gas Well	New Well	Workover	Deepen .	Plug Back	C D		
Designate Type of Completion	- (X)		1	!	!	l Deeberr	Flug Back	same Kes v	Diff Res'v	
Date Spudded	Date Com	pi. Ready to P	rod.	Total Depth	L		P.B.T.D.		_L	
	i						F.B.1.D.			
Elevauons (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations	·			-			Dowth Coston	Ch		
							Depth Casing	300€		
		UBING, C	ASING AND	CEMENTI	NG RECORI	D i		As A O	i i i	
HOLE SIZE	CAS	SING & TUBI	NG SIZE		DEPTH SET		SACRS CEMENT			
							1			
							Miso	1 (14)		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must 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

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

Gas- MCF

Actual Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Tosting Method (pitot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

signature
Leslie Kahwajy

Production Analyst

Title
3/15/91

Title
505-326-9700

OIL CONSERVATION DIVISION

Date Approved MAR 1 5 1991

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

State of New Mexico Energy, Minerais 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

1000 Rio Brazos Rd., Azzec, NM 8741	O REQUEST FOR ALLO	WINIERICO 87304-2000
I.	TO TRANSPORT	WABLE AND AUTHORIZATION
Operator	TO THANSPORT	OIL AND NATURAL GAS Well API No.
Meridian Oil Inc.		well API No.
Address		
P. O. Box 4289, Farm	nington, NM 87499	
Reason(s) for Filing (Check proper box, New Well		Cther (Please expiain)
Recompletion	Change in Transporter of	:
Change in Operator	Oil Dry Gas Casinghead Gas Condensate	∐ □ Well name to the second
If change of operator give name	Caninghead Gas Condensate	☐ Well name changed from Jicarilla H #8E
and address of previous operator		
IL DESCRIPTION OF WELL	L AND LEASE	
Lease Name Jicarilla 103	Weil No. Pool Name, in	actuding Formation Kind of Lease Lease No.
Location	8E Wildhor	rse Gallup State, Federal or Fee Jic. 103
/	1850 _	Nouth 1650
Unit Letter	Feet From The	North Line and 1650 Feet From The East Line
Section 19 Towns	hip 26N Range	4W , NMPM, Rio Arriba
		County
II. DESIGNATION OF TRA	NSPORTER OF OIL AND NA	TURAL 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 sent)
Name of Authorized Transporter of Casi	active Co.	P. O. Box 4289, Farmington, NM 87499
Gas Company of Mew M		Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids,	122 1	P. O. Box 1899, Bloomfield, NM 87413 Rge. Is gas acqually connected? When ?
ive location of tanks.	1 1 1	Rge. Is gas actually connected? When ?
this production is commingled with that	t from any other lease or pool, give comm	ningling order number:
V. COMPLETION DATA		
Designate Type of Completion	Oil Well Gas We	II New Well Workover Deepen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compi. Ready to Prod.	
	Date Compi. Ready to Prod.	Total Depth P.B.T.D.
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pav
	1	Tubing Depth
erforations		Depth Casing Shoe
HOLE SIZE		ND CEMENTING RECORD
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET SACKSICE LE
		11/12 1401
. TEST DATA AND REQUE		CHE COM Live
IL WELL Test must be after rate First New Oil Run To Tank	recovery of total volume of load oil and n	rust be equal to or exceed top allowable for this depth or be for all 24 hours.)
ate firm New Oil Run 10 lank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
ength of Test	Tubing Pressure	Carina Parama
J	Tuoing Fressure	Casing Pressure Choke Size
ctual Prod. During Test	Oil - Bbls.	Water - Bbis. Gas- MCF
SAS WELL		
ctual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF Gravity of Condensate
		Silviny of College
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Choke Size
	<u> </u>	
L OPERATOR CERTIFIC	ATE OF COMPLIANCE	
I hereby certify that the rules and regular Division have been complied with and a	ations of the Oil Conservation	OIL CONSERVATION DIVISION
is true and complete to the best of my k	unas une uncommation given above Chowledge and belief.	
		Date ApprovedMAR 1 5 1991
Jestie Kahu	vajy	_
Signature Leslie Kahwajy	7/	By
Printed Name	Production Analys	SUPERMORE
3/15/91	505-326-9700	Title SUPERVISOR DISTRICT #3
Date	Telephone No.	
		! !

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