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

rised 1-1-89 Instruction

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>. </u>		TO TRA	ANSPO	ORT OIL	<u>. AND NA</u>	TURA	AL GA	S					
Operator								Well	API No.				
Meridian Dil Inc.													
, Address D. O. Roy 4200 Enjament	na+an	NIM O	7400										
P. O. Box 4289, Farming Resease(s) for Filing (Check proper box)	ngton,	<u>8 MW</u>	<u>7499</u>		X Out	- (Plac	se explai	<u>- </u>					
New Well		Change in	Технего	eter of:		EI (1 1414	se expen	ur,					
Recompletion	Oil		Dry Ga										
Change in Operator	Casinghead	d Gas	Conden	_	Well	namo	chan	and fr	om lica	cilla H	#1 2		
If change of operator give name		-			WE I I	name	Lilai	igeu in	ull u (Ca)	ПІАН	# 1.3		
and address of previous operator													
IL DESCRIPTION OF WELL.	AND LEA	ASE			~-								
Lesse Name		Well No.	Pool N	rme, Includi	ng Fórmation			Kind	of Lease	L	ease No.		
Jicarilla 103		13	Blan	co Mesa	verde			State,	Federal or Fe	C103			
Location								·			·		
Unit Letter	_ :	830	Feet Fn	om The	lor€h Lin	e and	16	20 Fe	et From The	West	Line		
						_							
Section 20 Township	<u> </u>	26N	Range		И, М	MPM,	Ri	<u>o Arri</u>	ba		County		
III DESIGNATION OF TRAN	CDADTE	n or o	TT AND	.	DAT 040								
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPURIE	or Conde				e addea	ee to whi	ch anamara	Compared this	form is to be se			
Meridian Oil Inc.		J		X							•		
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas T	Address (Gir	DUX_4	+4.07,	ch approved	LOON of this	M 8749	<u>y</u>		
Gas Company of New Mex		<u> </u>	 1	<u>-</u>	•				field.				
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actual			When		41.1 0141	<u>. </u>		
give location of tanks.	i i		i	1		,		i					
If this production is commingled with that i	rom any othe	er lease or	pool, gav	e commingi	ing order num	ber:							
IV. COMPLETION DATA													
Decignose Time of Completion	~	Oil Well	i C	Gas Well	New Well	Work	over	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		<u></u>				<u>l</u>	1			<u> </u>	1		
Date Spudded	Date Comp	xi. Ready to	o Prod.		Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	No- of De				Top Oil/Gas	Pav				 			
Elevations (Dr., RRB, R1, GR, atc.)	Name of Pr	roomang r	omation		Top Old Car	ray			Tubing Dep	rtx			
Perforations					<u> </u>				Depth Casi	ng Shoe			
									Septi casi	ug Sikot			
	т	TIRING	CASD	NG AND	CEMENTI	NG RE	CORI)					
HOLE SIZE		SING & TI		<u>CE.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	DEPT		<u></u>	SACKS CEMENT					
	•								•				
				*									
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE								• • •		
OIL WELL Test must be after re	ecovery of to	tai volume	of load o							for full 24 hou	73.)		
Date First New Oil Run To Tank	Date of Tes		Producing Method (Flow, pump, gas lift, etc.)										
· · · · · · · · · · · · · · · · · · ·			· ·			-	-		Choice Size				
Length of Test	Tubing Pres	SELITE			Casing Fresh	TLE .	n K	开罗巴	Charle Size				
Annual Bread Dames Test	0.0				Wasa A				Gas-MCF				
Actual Prod. During Test	Oil - Bbls.				Water - Bolis	MA	R1 3	1991	WAR WICE				
						17: "1:			<u>: </u>				
GAS WELL						ML	10	J. Dit					
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde		dis:	3	Gravity of	Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Press				Choke Size		•		
resulting interfact (pates, outcompr.)	- sound : ressure (Stim-III)				Casing 11cm	(DEG	- 14		GIOLE SIL	•			
VI OPERATOR CERTIFICA	A COR	CO) (N. T.A.		i				<u> </u>				
VI. OPERATOR CERTIFIC				ICE	(א ווכ	CON	SERV	ATION	DIVISIO	N		
I hereby certify that the rules and regula Division have been complied with and t					`	J \	1	~=: \ \ \ .		J. 7 101C	- 1 7		
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							
D A. A	A B		3 3 3 4		Date	App	rovec	1	- •	-			
TONUIO &	ahi	Dn.	W		11		_	7 .	\sim	/			
Signature		/	1		By_			<u> </u>	2 Ch	<u>~{</u>	-		
Les'ie Kahwajy	Prod	lucti <u>b</u> i		lyst			S	UPERVI	SOR DIS	TRICT #	2		
Printed Name	505	206.0	Title		Title					rinio: p	J		
3/8/91 Date	<u>505-</u>	326-9°	700 enhome N	<u> </u>									

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.