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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

I.

OIL CONSERVATION DIVISION

P.O. Box 2088

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 8750004-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Oil I					Well API No.			-
Meridian	1 Oil Inc.			-,	······································				
	x 4289 Far	minoton N	New Mexico	87499					
Reason(s) for Filing (Check p		mington, i				Other (Please	expiain)		
New Well Change in Transporter					$\frac{1}{\sqrt{2}}$				
Recompletion	Oil Dry Gas				WELL NAME CHANGED FROM JICARILLA G 3.				
Change in Oprator	<u>X</u>	Casinghead	======================================	Condensate		EFFECTIV	E 8/1/92		
Change in Oprator	<u>X</u>	Casingnead	1 Gas	Conuchsate					
If change of operator g	vive name								
and address of previou	=	Mobil Pro	oducing TX	& NM Inc.	Nine Gr	eenway Pl	aza Suite 2	700	
II. DESCRIPTIO	•					ton, Texas			
Lease Name	Well No. Pool Name, Including Formation			Kind of Lease			Lease No.		
JICARILLA 95		3 GAVILAN PICTURED			CLIFFS State. Federa		ral or Fee	ЛCARILLA 95	
Location Unit Letter	M	: 990	F F T	c	T	000	E E M	117	
Section	35	Township	Feet From The 27N	Range	Line and 3W	990 ,NMPM,	Feet From The RIO ARRIBA	<u> </u>	Line County
III. DESIGNATION		······					Ido Addida	1	County
Name of Authorized Transpo			or Condensate		· · · · · · · · · · · · · · · · · · ·		ich approved conv	of this form to be	cent)
	of Condensate			11001033 (011	ress (Give address to which approved o		of this form to be	sent,	
Name of Authorized Transpo	d Gas or Dry Gas			Address (Give address to which approved copy of this form to be sent)					
NORTHWEST PIPEL	NY X			P.O. BOX 58900, SALT LAKE					
If well produces oil or		1 Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When ?	-
liquids, give location of tanks		1	1	İ	İ				
If this production is comming		n any other lease	or pool, give com	mingling order n	umber:				
IV. COMPLETIC	<u> IN DATA</u>	ı Oil Well	ı Gas Well	ı New Well	Wadrana	D	D1 D1-	G D .	D:00 1
Designate Type of Completic	on - (X)	On wen) Gas well	I New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. R	Ready to Prod.	<u> </u>	Total Depth		1	P.B.T.D.	.1	
EL . DE DVD DE C				<u> </u>					
Elevations (DF, RKB, RT, G	Name of Produ		Top Oil/Gas Pay		Tubing Depth				
Perforations					Depth Casing Shoe				
L		TUB	ING, CASINO	G AND CEM	ENTING	RECORD	paper casing on		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
		ļ							
W TENER DATE A	ND DECK				<u></u>			<u> </u>	
V. TEST DATA							6794 m		
OIL WEL Test must be Date First New Oil Run To T	e after recovery o Tank	of total volume of Date of Test	of load oil & must			wable for this de mp, gas lift, etc.		T'T W	
				reducing medica (From, pair		mp, gas ma, etc.	M		
Length of Test		Tubing Pressure		Casing Pressure		Choke Size	AITE O C 1000		
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.		<u> </u>	AUG 0 6 1992		
listaat 110a. Barnig 16st	Valer Dis					OIL CON DIV			
GAS WELL					1			DIST 9	
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF			Gravity of Conde	ensate	
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size	- Sementanian and	*** 7 % .
results include (prior, back p	A.,	Tublig Fressu	ic (Silut-III)	Casing Fressur	e (Shuein)		CHOKE SIZE		
VI. OPERATOR	CERTIFIC	CATE OF	COMPLIA	NCE					
I hereby certify that the					0	II. CONS	ERVATIO:	N DIVISIO	N
been complied with and	on given above is true and complete to the			JE CONSI					
best of m knowledge a	A 111			Date Approved		AUG 0 6 1992			
Block	e 464	UWU	44					_1	
Signature	J		01		By		3.il)	Chan/	
Leslie Kahwajy			Production .	Analyst		5	SUPERVISO	n Distoic	
Printed Name 7/31/92			Title	.0	Title				<i>د</i> ۲ ا
//31/92 Date		· · · · · · · · · · · · · · · · · · ·	505-326-970		-				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompained 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.