Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.							Well A	Pi No.			
Address	ton M	M 97	100	 		/					
P. O. Box 4289, Farming Reason(s) for Filing (Check proper box)	con, N	ri 8/4	+77		Oth	s (Please expla	rin)				
New Well		Change in	-			•	·				
Recompletion U	Oil Casinghead		Dry Gas Condens		Effect	ive 6/23	/90				
change of operator give name					P. 0.	Box 2120	, Houst	on, TX 7	7252-21	20	
nd address of previous operator I. DESCRIPTION OF WELL A				· · · · · · · · · · · · · · · · · · ·	 						
Lease Name	Well No. Pool Name, Including				· 6 .		(Lease				
Newsom B	9 Best 200				Blanco MV State, Rederat or Fee SF-078433					3433	
Location Unit LetterG	. 15	95	. Feet Pro	m The	N Line	181	.5 Fe	et From The	E	Line	
7		6N		 8W			n Juan			County	
Section / Township		ON	Range	<u> </u>	, N	VPM, 3a	oudit			County	
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		or Conden		NATUR	AL GAS	e address to w	hich approved	copy of this form	is to be ser	u()	
Mendia Oil,	1 1										
Name of Authorized Transporter of Casing	head Gas		or Dry (Xu	Address (Giv	e eddress to wi	hich approved	copy of this form	ı is to be sen	d)	
If well produces oil or liquids,	Sec.	Twp	Rge.	Is gas actually connected? When ?			,				
ive location of tanks.					a actor com	h-= '	l				
f this production is commingled with that five COMPLETION DATA	rom any our	EL MATER OL	poor, gave	e commungs	of Other Britis						
Designate Type of Completion -	an .	Oil Well	1 0	es Well	New Well	Workover	Deepen	Plug Back S	ıme Res'v	Diff Res'v	
Date Spudded	Date Comp	al. Ready b	o Prod.		Total Depth	J	<u>.t</u>	P.B.T.D.		J	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth	Tubing Denth		
Elevations (DF, ARB, A1, OR, sit.)						Depth Casing Shoe					
Perforations								Depth Casing :	PUCE		
TUBING, CASING ANI					dive 6	DE D					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
						JG1 7 199					
					OIL	CON.	DIV.		,		
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	•	L	DIST. 3		 			
OIL WELL (Test must be after n Date First New Oil Run To Tank	Date of Te		e of load	oil and must	be equal to o	r exceed top all lethod (Flow, p	lowable for th	is depth or be for etc.)	full 24 hour	rs.)	
Date First New Oil Kun 10 1ank	Date of 1e	: 			r rooteing iv						
Length of Test	Tubing Pressure			Casing Press	nite		Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbl	L		Gas- MCF				
	<u> </u>						·	<u> </u>	,		
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls Coods	nsale/MMCF		Gravity of Co	ndensate		
CONTROL OF TAXABLE TAX								A 1. 6!-			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pres	eure (Shut-in)		Choke Size	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	F COM	PLIAN	NCE	1						
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dat	Date ApprovedAUG 1 7 1990					
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	wa	4 - b	Supar	ovi con	Ву.		3.	<u>ع (بن</u>	hand		
Les I e Kahwajy Prod. Sebvides Supervisor					T241	SUPERVISOR DISTRICT #3					
8/15/90 •	505-32		0	<u></u>	Title	¥			1		
Date		T	elephone	L40*					سسل		

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.