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 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION DISTRICE II P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III

TOOO RIO BENINS Rd., Aziec, NM 87410	REQ	UEST F	OR AI	LLOWA	BLE AND AUTHORIZAT	ION	
Operator			MSP	OHT OI	LAND NATURAL GAS	Laukii	API Ño.
MERRION OIL & GAS COR	* **					Well	API No.
P. O. BOX 840, FARMIN	GTON, 1	NEW MEX	ICO	87499			
Reason(s) for Filing (Check proper box) New Well		(Japan i-	7		Other (Please explain)		
Recompletion	Oil	Change in [X]	Dry Ga		Effectiv	e 3/	1/90
Change in Operator If change of operator give name and address of previous operator	Casinghe	ad Gas					
II. DESCRIPTION OF WELL	AND LE						
Lease Name Chartier		Well No.	1		ing Formation	l .	of Lease No.
Location		J <u>+</u>	I <u>G</u> a	<u>llego</u> s	Gallup	State,	Federal or Fee SF-081101
Unit LetterM	- :7	790	Feet Fr	om The	South Line and 790	Fe	et From The West Line
Section 4 Townshi	р 2	26 <u>N</u>			12W , NMPM,		n Juan County
HI. DESIGNATION OF TRAN	SPORTI	ER OF O	IL AN	D NATU	RAL GAS		
The for this poster of Oil	[XX]	or Conder	isate	[] []	Address (Give address to which a	 pproved	copy of this form is to be sent)
Meridian Oil, Inc. Name of Authorized Transporter of Casinghead Gas [X] or Diy Gas				P.O. Box 4289, Farmington, New Mexico 87409			
El Paso Natural GAs Co	этрапу	19.3	or Diy	Gat []	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, New Mexico 87499		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.		Is gas actually connected?	When	ron, <u>New Mexico</u> 87499
f this production is commingled with that	from any od	her lease or	26N	12W	Yes	19	57
V. COMPLETION DATA		ner rease of	poor, giv	e commingi	ing order number:		
Designate Type of Completion	- (X)	Oit Well	1 6	Jas Well	New Well Workover De	repen	Plug Back Same Res'v Diff Res'v
Date Spaukled		. pl. Ready to	Picel		 Total Depth		
A CONTRACTOR CONTRACTO		•			Towar 17cpm		PBTD.
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	multion		Top Oil/Gas Pay		Tubing Depth
Perforations	l						
							Depth Casing Shoe
HOLE SIZE] 	TUBING,	CASI	G AND	CEMENTING RECORD		
TOTAL OILL	CV	SING & TU	IBING S	SIZE	DEPTH SET		SACKS CEMENT
			·				
7. TËST DÄTÄ AND REQUES	r for /	XLLOWA	ABLE.				
Oll. WELL. (Test must be after re Date First New Oil Run To Tank	ecovery of to	ital volune	of load o	il and must	be equal to or exceed top allomable	for thu	s death or be for full 24 hours
PAGE THIS THEW CHI RUIN TO TANK	Date of Te	st			Producing Method (Flow, pump, 8	us lyî, e	(c.)
Length of Test	Tubing Pre	essine			Casing Pressure		Choke Size
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		Gas- MCR
GAS WELL	1					4.	
Actual Prod Test - MCP/D	Length of	Test			Oblic Condensate/MMCF		Gravity of Condensate
esting Method (pilot, back pr)	lubing Pre	essine (Shut	in)	· · · · · · · · · · · · · · · · · · ·	Casing Pressure (Shul in)		Choke Size
1. OPERATOR CERTIFIC	r ATE OE	COMP	 I I A NI	CU.			Cross / C
1. OPERATOR CERTIFICATE OF COMPLIANCE Thereby 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.				OIL CONSERVATION DIVISION			
				FFD 0.0 1000			
11-10				Date Approved		FEB 2 8 1990	
Signature	التعديدات إ				_{Du} -	7.	11 0
Steven S. Dunn Operations Manager					By Buch Chang		
Printed Name Title					Title	UPER	RVISOR DISTRICT #3
Date	(50		7-980 Inne No				
					1		

North the filter of the light is to be filled in combinion with the fill of the filled in the filled in the filled in the filled of the filled with a filled by the filled by the filled of the filled

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.