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

I.

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazas Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MEDITON OTT 5 CAR CO	NRDODATION		Well API No.
MERRION OIL & GAS CO	JRPORATION		
P. O. BOX 840, FARMI	INGTON, NEW MEXICO 87499		
Reason(s) for Filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion []	Oil X Dry Gas	Effec	tive 3/1/90
Change in Operator	Casinghead Gas Condensate		
If change of operator give name and address of previous operator			
II. DESCRIPTION OF WEL	L AND LEASE		
Lease Name	Well No. Pool Name, Includ	ling Formation	Kind of Lease Lease No.
Serendipity	l Bisti Ga		State, Federal carrie NM-33031
Location			
Unit LetterJ	: 1650 Feet From The S	outh Line and 2310	
Section 26 Town	ship 26N Range 13W	, NMPM, San J	uan County
III. DESIGNATION OF TRA	ANSPORTER OF OIL AND NATU		
Name of Authorized Transporter of Oil	XX or Condensate	!	approved copy of this form is to be sent)
Meridian Oil, Inc. Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	P.O. Box 4289, Far	mington, New Mexico 87499
Transcor Madionzed Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which a	approved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When ?
give location of tanks.	J 26 26N 13W	,	1
If this production is commingled with the	hat from any other lease or pool, give comming	gling order number:	
IV. COMPLETION DATA			
Designate Type of Completic	Oil Well Gas Well on - (X)	New Well Workover L	Deepen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	†
			17.1.17.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations		I	Depth Casing Shoe
			12 July Casting Shoe
	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQU	JEST FÖR ALLOWABLE		<u> </u>
OIL WELL (Test must be aft	er recovery of total volume of load oil and mus	st be equal to or excerd top allowal	le for this depth or be for full 24 hours)
Date First New Oil Run To Tank	Date of Test	Producing Method (Plow, pump,	Bus lys, etc.)
Length of Test	Table - No.	- C	
	Tubing Pressure	Casing Pressure	TERETYEN
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	- Ollingon DIV
			DIST. 3
lesting Method (pitot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)	Choke Size
L.			
	ICATE OF COMPLIANCE		
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.			FEB 2 8 1990
// _ /	2	Date Approved	TEU & 0 1000
Shu 1	\mathcal{C}		\rightarrow
Signature		By	But) Chang
Steven S. Dunn Printed Name	Operations Manager		SUPERVISOR DISTRICT 13
2/26/90	Title (505) 327-9801	Title	
Date	Telephone No.		

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
- 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.