Submit 5 Croises
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T(O TRANS	PORT	OIL	AND NAT	URAL (GAS					
Operator								Well A	Pi Nc.			
Meridian Oil Inc.	 	 .			· · · · · · · · · · · · · · · · · · ·		-	<u></u>				
P. O. Box 4289, Farmi	ngton, N	IM 8749	9							<u> </u>		
Resson(s) for Filing (Check proper box)	=	-			Othe	t (Please e	eplain)					
New Wall Recompletion	Oil (Change in Tran	asporter of Gas								Ì	
Change in Operator	Casinghead		nden mate	X		ffecti	ve 1	0/1/8	88			
If change of operator give name and address of previous operator Ret	a Develo	nment C	Omnan	v. 2						NM 87	401	
•			· ····pu···	,, -				-,		,		
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Format									Lease Lease No.			
Hancock Federal	6 Basin Dako				ota Sta			State,	e, Federal or Fee 1046-06		.06	
Location	166	20		N.			ECE			Mont		
Unit Letter	_ :168	SU Fee	t From Ti	be	lorth Line	and	<u> 1565</u>	Fo	et From The.	West	Line	
Section 25 Townsh	ip 27	7N Rai	nge	1	1W , NA	ирм,	Sa	n Jua	ın		County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		OF OIL A		ATU	Address (Giv	e address to	which	approved	copy of this f	orm is to be se	nt)	
Meridian Oil Inc.						P. O. Box 4289, Farmington, NM 87499						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)						
	El Paso Natural Gas Company						P. O. Box 990, Farmington, NM 87499 Is gas actually connected? When?					
If well produces oil or liquids, give location of tanks.	Unsit	Sec. Tw	ው ! 	Rge.	18 gas accuan	y comiecze	11	"				
If this production is commingled with that	from any othe	r lease or pool	l, give con	nmingli	ing order numi	ber:						
IV. COMPLETION DATA		10000)	l water		D	Diva Beak	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)	Oil Well	Gas W	Veli	New Well	Workove 	1	Deepen	i Link Decr	Salie Ker v	pin Resv	
ate Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.				
						Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oir Oas Fay				Tubing Depth			
Perforations					l				Depth Casis	ng Shoe		
					· pa · . · · · · · · · ·				<u> </u>			
	TUBING, CASING AND				DEPTH SET				Т	SACKS CEMENT		
HOLE SIZE CASING & TUBING					DEPTH SCT				CHOICE CENTER.			
V. TEST DATA AND REQUI	ST FOR A	LLOWAB	LE		<u> </u>					ri.		
OIL WELL (Test must be after	recovery of to	tal volume of l	load oil ar	nd must	be equal to o	exceed top	allowa	ble for th	is depth or be	to full si pro	71	
Date First New Oil Run To Tank					Producing Method (Flow, pump, gas lift, e				etc.)		E W	
Length of Test	Tubing Pro				Casing Press	ure			Choke Size	FERM		
Length of Year	I doing Fie	Tubing Pressure			Casing 1 (seems					ir and	8 1980	
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.				Gas-MCF	COV	V		
					<u> </u>	1	13€ 13€	1 1	3	0137	Olly	
GAS WELL					150.0.1		70		Comment	Condensate	<u> </u>	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	TIBLE MINIC	. г		Glavky Ol	· .		
Testing Method (pitot, back pr.)	Tubing Pressure (Shist-in)				Casing Pres	sure (Shut-i	a) 🗘 🕻	1. 1	Choke Siz	e		
					\ <u></u>			201.	: }			
VL OPERATOR CERTIFI				Е			ONS	SERV	ATION	DIVISI	ON	
I hereby certify that the rules and reg Division have been complied with a	gulations of the	Oil Conservat	tion above		11							
in true and complete to the best of m	y knowledge a	nd belief.			Dat	e Annre	bevo	FE	3 177	AhA	······································	
Jack Kin	11 :	<u></u>										
Signature Signature	fuila	<u> </u>	·············		∥ By.		ngina)	2 g()	Ly C			
Peggy Bradfield	Re	gulator	y Aff	airs	11			. **	i.			
Printed Name 2/8/89		505) 326			Title	ə						
2/8/89 Date			-9/00 none 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 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.