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

State of New Mexico
Energy, Minerais and Natural Resources Department

Form C-104 Revised 1-1-89 See instructions at Rettorn of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS  Uperator Well API No.  Thion Texas Petroleum Corporation  Address 2). Box 2120 Youston, Texas 77252-2120  Reason(s) for Filing (Chack proper box) Quber (Please explain)  New Well Change in Transporter of:  Recompletion Oil Dry Gas Change in Operator give name and address of previous operator  If change of operator give name and address of previous operator  II. DESCRIPTION OF WELL AND LEASE POTTER  Lease Name Well No.   Ppol Name, Including Formation   Kind of Lease State 16   1 V(Gallup)   State, Federal    Location   Grownship J&N Range OGW, NMPM, SAN J(  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Name of Authorized Transporter of Oil Nericlian Oil Inc.  REQUEST FOR ALLOWABLE AND AUTHORIZATION    Well API No.   Public Please explain)    Change in Transporter of Oil	i esse No.
Charles   Well API No.   Well API No.   Well API No.   Cher (Please explain)	Lease No.
Mell API No.  Thion Texas Petroleum Corporation  Address  P.O. Box 2120 Houston, Texas 77252-2120  Reason(s) for Filing (Check proper bax) New Well Change in Transporter of: Recompletion Oil W Dry Gas Change in Operator Casinghead Gas Condensate  If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name State 16 1 (Gallup)  Unit Letter Feet From The Line and Feet From Section Of Township  NAMPM, SAN Off III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Meridian Oil Inc.  Well API No.  Other (Please explain)	Lease No.
Address  P.O. Box 2120 Houston, Texas 77252-2120  Reason(s) for Filing (Check proper box)  New Well Change in Transporter of:  Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate  If change of operator give name and address of previous operator  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No.   Ppol Name, Including Formation   Kind of Lease State 16   1   V(Gallup)   State, Federal    Location Unit Letter   Feet From The   Line and   Feet From Section   6   Township 28N   Range 09N   NMPM, SAN JU  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil   X   Or Condensate   Address (Give address to which approved copy of P.O. Box 4289, Farmington,	Presente 140*
Reason(s) for Filing (Check proper bax)  New Well Change in Transporter of:  Recompletion Oil Dry Gas  Change in Operator  Change of Operator give name and address of previous operator  I. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No.   Pool Name, Including Formation  V(Gallup)  Unit Letter  Feet From The Line and Feet From  Section   G Township D N Range O   W NMPM, SAN IV.  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensate  Meridian Oil Inc.  Address (Give address to which approved copy of P.O. Box 4289, Farmington,	Presente 140*
Reason(s) for Filing (Check proper bax)  New Well  Change in Transporter of:  Recompletion  Oil  Dry Gas  Change in Operator  Change of Operator give name and address of previous operator  Lease Name  Well No.   Ppol Name, Including Formation  State 16  Unit Letter  Feet From The  Line and  Feet From  Section  Township  Range  OHER (Please explain)  Qther (Please explain)  Qther (Please explain)  Qther (Please explain)  Qther (Please explain)  Other (Please	Presente 140*
Change in Transporter of:  Recompletion  Oil  Dry Gas  Change in Operator  Change of Operator give name and address of previous operator  I. DESCRIPTION OF WELL AND LEASE  Well No.   Spol Name, Including Formation  V(Gallup)  Unit Letter  Feet From The Line and Feet From  Section   6 Township 28N Range 09W, NMPM, SAN J(  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Varies of Authorized Transporter of Oil  Meridian 011 Inc.  Oil  Dry Gas  Condensate  V(Gallup)  Range 09W, NMPM, SAN J(  Address (Give acidness to which approved copy of P.O. Box 4289, Farmington,	Presente 140*
Recompletion Oil Dry Gas Change in Operator Change in Ord Gas Change in Ord Change Change Change in Ord Change Change in Ord Change Change in Ord Change Change in Ord Change Change Change in Ord Change	Presente 140*
Change in Operator	Presente 140*
I. DESCRIPTION OF WELL AND LEASE  Lease Name  State 16  Unit Letter  Feet From The  Section  Section  Section  Section  Section  Well No.   Spot Name, Including Formston  (Gallup)  Well No.   Spot Name, Including Formston  State 16  Unit Letter  Feet From The  Line and  Feet From  Section	Presente 140*
I. DESCRIPTION OF WELL AND LEASE Lease Name    Well No.   Spot Name, Including Formation   Kind of Lease	Presente 140*
State 16  Unit Letter  Feet From The  Line and  Feet From  Section  Section	Presente 140*
State 16  Unit Letter  Feet From The  Line and  Feet From  Section  Section	Presente 140*
Unit Letter	
Unit Letter Feet From The Line and Feet From Section / 6 Township 28N Range 09W, NMPM, SAN JU  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil X or Condensate Address (Give acidrass to which approved copy of Meridian Oil Inc P.O. Box 4289, Farmington,	
Section 16 Township 28N Range 09W, NMPM, SAN JU  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil	
Section 16 Township 28N Range 09W, NMPM, SAN JU  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS.  Name of Authorized Transporter of Oil	The
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of P.O. Box 4289, Farmington,	··
Meridian Oil Inc.  Or Condensate  P.O. Box 4289, Farmington,	AN Count
Meridian Oil Inc.  Or Condensate  P.O. Box 4289, Farmington,	
Meridian Oil Inc. P.O. Box 4289, Farmington,	
	INS form is to be sent)
Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of	
Union Texas Petroleum Corp. P.O. Box 2120, Houston, TX	NS form is to be sent) 77959_919∩
well produces oil or liquids. Unit Sec. Two. Ree. Is one activities connected?	11232-2120
we location of tanks.	
this production is commingled with that from any other lease or pool, give commingling order number:	
/. COMPLETION DATA	····
Designate Type of Completion (V) Oil Well   Ges Well   New Well   Workover   Despen   Plug B	ack Same Res'v Diff Res
Designate Type of Completion - (X)	
ate Spudded Date Compt. Ready to Prod. Total Depth P.B.T.	 ).
Revances (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing	Depth
ET COTALICONS	
	asing Shoe
TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOR ALLOWABLE	
The Color of the depth of the color of the depth of the depth of the depth of	be for full 24 hours.)
Producing Method (Flow, pump, gas lift, etc.)	
ogth of Tes	
Tubing Pressure Casing Pressure Choke S	ize
tual Prod. During Test   Oil - Phile	
Tual Prod. During 1est Oil - Bbls. Water - Bbli. Gas- MC	.F
A O METER E	
AS WELL	
nual Prod. Test - MCF/D   Length of Test   Bbls. Condenses/MMCF   Gravity	of Condensate
	A STATE OF THE PARTY OF THE PAR
ing Method (puct, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choice S	ize
OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation   OIL CONSERVATION	1 DIVISION
Division have been complied with and that the information gives show	
is true and complete to the best of my knowledge and belief.	G 2 8 1989
Date Approved	A
Junette Consider	- Continued to the cont
Signature By	
Signature Annette C. Bisby Env & Req. Secretry  By SUPERVISION SUPERVISION	
Signature By By	ONDISTRICT #3

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.