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

## State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 874	10 BEC	NIEST E		LLOWAR	RI E AN	D AUTHORI	ZATION				
, •	IILO					IATURAL G					
perator						Well API No.					
Meridian Oil Inc.	Meridian Oil Inc.						30-045-87530				
Address	<del></del>							······································			
P. O. Box 4289, F		on, NM	8749	99							
Resson(s) for Filing (Check proper bo	x)					Other (Please exp	iaur)				
Vew Well		Change	<del>-</del> '								
Recompletion	Oil		」 Dry G	_			0.117.101				
Change in Operator X	Caringh	mad Gas	Cond			Effective	9/1//91	·			
change of operator give name	nion Tex	as Pet	roleu	m Corp.	; P.O.	Box 2120	, Housto	n, TX.77	252-212	20	
L DESCRIPTION OF WEI	I. AND II	TACE									
Lease Name	ID IL ID DE	Well No.   Pool Name, include				CRE	Kind	of Lease	L	ease No.	
Prichard Federal		1	1		_	Cliffs)	State,	Federal or Fee	SF078	8487 <b>-</b> B	
ocation											
Unit LetterG	:	1650	_ Feet f	rom The	Ŧ.	Line andl	650 <b>F</b>	et From The	N	_Line	
		- ·									
Section 6 Town	nahip	29N	Range	·	08W	, <b>NMPM</b> , Sa	an Juan		···	County	
II DESIGNATION OF TO	ANGRORE	ED OF	<b></b>	TEN BLATTET	DAI C						
II. DESIGNATION OF TR. Name of Authorized Transporter of O	1	or Cond		TO NATU	Address (	Give eddress to w	hich approved	come of this for	m is to be se		
Meridian Oil Inc.					1	Box 4289,	• •				
Name of Authorized Transporter of Co	ninghead Gas		or Dr	y Gas X	Address (Give address to which approved copy of this for					m/)	
El Paso Natural Gas			<b></b> .	, —	1	Box 4990,			87499	,	
f well produces ou or liquids,	Unit	Sec.	Twp.	Rge.		usily connected?	When				
ive location of tasks.		i	i	i		•	i				
this production is commingled with t	hat from any o	ther lease o	r pool, g	ve comming	ing order s	umber:	•				
V. COMPLETION DATA								<u></u>			
Designate Type of Completi	on - (X)	Oil We	n	Gas Weil	New W	eil Workover	Deepen	Plug Back  S	ame Res'v	Diff Res'v	
Date Spudded	Dete Cor	npi. Ready	10 Prod.		Total Dep	×h	-	P.B.T.D.	<del></del>		
					- A11.	Top Oil/Gas Pay			Tubing Depth		
Elevanons (DF, RKB, RT, GR, etc.)	Name of	Producing i	Formatio	<b>a</b>	Tob Onc						
erforcuons					<u> </u>	···-		Depth Casing	Shoe		
		TUBINO	. CAS	ING AND	CEMEN	TING RECO	RD.				
HOLE SIZE	C	ASING & T			DEPTH SET			SACKS CEMENT			
						1					
						<u> </u>		;			
. TEST DATA AND REQU											
			e of load	oil and must		o or exceed top al			r full 24 hou	73.)	
Date First New Oil Run To Tank	Date of T	[est			1,10cmcm6	Method (Flow, p	rump, gas tyr,z				
ength of Test	T 12 T				Coring P			Choke Size			
zegin ur rex	I ubing P	Tubing Pressure				Casing Pressure			SEP 2 3 1991.		
Actual Prod. During Test	Oil - Bbl	Oil - Phie				Water - Bbis.			100	4	
<b>-</b>	Ou - Doi	•						1010			
GAS WELL					<u> </u>		<del></del>		5.0		
GAS WELL  Actual Prod. Test - MCF/D   Length of Test					Bbls. Cor	dennie/MMCF	<del></del>	Gravity of Condensate			
						,					
esting Method (pitot, back pr.)	Tubing F	ressure (Sb	ut-m)	·	Casing Pi	reseure (Shut-in)	*	Choke Size		<del>.</del>	
/ OPERATOR CERTIFIE	7C k 7TT C	E COL	TOT 7.4	NICE	<del>i</del>		<u> </u>	!			
VL OPERATOR CERTIF				INCE		OIL CO	NSERV	ATION E	IVISIO	NC	
I hereby certify that the rules and r Division have been comptied with	rguintions of the	ie UU COBS (ormatics =	DOMBALS	ve		0 0	-				
is true and complete to the best of	my knowledge	and belief.				nto Annon:	S	EP 2 3 199	31		
J. 1 - 4		•			0	ate Approve	#a				
swhen Ka	MUM	2861					3		/		
Signature		[1:1.	Α.	-1a+	B)	/	ميده	1 The	<b>-</b>		
Leslie Kahwajy Printed Name		ódúcti		aiyst			SUPERV	ISOR DIST	RICT #	3	
Printed Name	E0.	5 326-1	1 TUE		II Tr	tie					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(/20/91

- 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.

505-326-9700

- 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.