Submit 5 Copies
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		1016/	וטווח	FORT OF	L AND IVA	TURALG		API No.	 -			
Meridian Oil Inc.								°I 30-045	5-88002			
Address P. O. Box 4289, F	arminato	n, NM	E.749	 99			•					
Reason(s) for Filing (Check proper b	ax)	,			Oti	net (Please exp	iain)					
New Well		Change is	n Trans	porter of:		•	ŕ					
Recompletion	Oil		Dry	Gas 🗆								
Change in Operator	Casingh	ead Gas 🔲	Cond	lensate	Ε	ffective	9/17/9	1				
If change of operator give name and address of previous operator U	nion Texa	as Petr	oleu	m Corp.	; P.O. B	ox 2120,	Housto	on, TX	77252-21	20		
II. DESCRIPTION OF WE	LL AND LI	EASE										
Lease Name		Well No. Pool Name, Inch						Kind of Lease		.ease No.		
Maddox Com		1	<u>B</u>	lanco M	lesaverde			State, Federal or Fee		ee		
Location	_				_							
Unit LetterN	:	390	_ Feet	From The _	Lin	e and165	·0I	Feet From The	W	Line		
a .: 17 -	2.03	т.		. 08	T 7	c	T					
Section 17 Tow	nship 301		Rang	e 08	<u>w</u> , <u>N</u>	MPM, S	an Juar	1 —————		County		
III. DESIGNATION OF TR	ANSPORT			ND NATU			•					
Name of Authorized Transporter of O		or Conder	neme		1	ne address to w				•		
Meridian Oil Inc. Name of Authorized Transporter of C	· · · · · · · · · · · · · · · · · · ·				P.O. Box 4289, Farmington, NN 87499							
El Paso Natural Gas	•		or Dry Gas 🔀		P.O. Box 4990, Far			opproved copy of this form is to be sent)				
If well produces oil or liquids,		C	lm.						1 87499			
ive location of tanks.	Unit	Sec.	Twp.	i Kge.	ls gas actuali	y connected?	Whe	n?				
f this production is commingled with	that from any o	ther lease or	pool, g	ive comming	ling order num	ber:	<u> </u>					
V. COMPLETION DATA												
Designate Type of Completi	ion - (X)	Oil Well	 	Gas Well	New Well	Workover	Decpen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Con	npi. Ready to	Prod.		Total Depth	1	. 	P.B.T.D.	<u>. </u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing Fo	onnatio		Top Oil/Gas Pay			Tubing Depth				
, , , , , , , , , , , , , , , , , , , ,				_								
Perforations	· · · · · ·	<u></u>				}			Depth Casing Shoe			
		TUBING,	CAS	ING AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					i .			 				
			_		:	,						
					 	 		<u> </u>				
. TEST DATA AND REQU	EST FOR	ALLOWA	ABLE		!		-	!				
IL WELL (Test must be aft					be equal to or	exceed too allo	owable for th	is dents or to	ANTA BOO	おから		
Date First New Oil Run To Tank	Date of To		7			thod (Flow, pu			W E T	78 (S 		
	!									עו		
ength of Test	Tubing Pr	essure			Casing Pressu	ure .		Choke Sig	EP 2 3 19	91.		
Actual Prod. During Test		†				W. Di			~~~			
LAME From During 1est	Oil - Bbls	Oil - Bbls.				Water - Bbis.			CHOIL COM. DIA			
	<u> </u>				!				LGIST. 3	<u> </u>		
GAS WELL									_			
actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sate/MMCF	- 4- 1	Gravity of C	ondensate	•		
					į			-				
esting Method (pitot, back pr.)	lubing Pr	essure (Shut-	·m.)		Casing Pressu	re (Shut-in)	•	Choke Size				
I. OPERATOR CERTIF	ICATE OF	COMP	TTAR	VCE][
				NCE		DIL CON	ISERV.	ATION I	DIVISIO	N		
I hereby 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.					Date Approved SEP 2 3 1991							
$ \mathcal{L}$ \sim \mathcal{L}	, -				Dale	Approved	u					
Lister Kanwani							~		/			
Signature					By Chang							
Leslie Kahwajy Production Analyst					SUPERVISOR DISTRICT #3							
Printed Name	505		Title		Title	,						
9/20/91 Date	505	-326-97		No.								
		ı erek	i secori	₩.	<u> </u>							

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 multi-v completed wells.