Submit 5 Cones
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 Rettern of Pure

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

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

Santa Fe, New Mexico 87504-2088

<u>I.</u>		TO TRA	<u> NSF</u>	PORT OIL	_ AND NA	TURAL (
Operator "nion Texas Petro	oleum Ce	rnora	+10n				We	API No.				
Address	Diedii Co	DIDOIA	LION									
P.O. Box 2120	Houston,	Texas	s 7	7252-21	20							
Reason(s) for Filing (Check proper box)		_			Ot	her (Piease ex	piain)					
New Well Recompletion	Oil	Change in	Dry C									
Change in Operator	Casinghee		-									
If change of operator give name												
and address of previous operator	·			0	····							
II. DESCRIPTION OF WELL	AND LEA		\Box	BASI		·						
Julander	Well No. Pool Name, Includ				ing Formation			d of Lease e, Federal or Fe		Lease No. NM020982		
Location			<u>'</u>	Dukota			!			MMUZU90		
Unit Letter 5			Feet I	From The	r :	ne and		Cost Comm. The			.	
3.1	_ ·	2 1						Feet From The			_Line	
Section S / Towashi	p 2.	3N	Range	. 11h	1,	IMPM, 👌	ANJ	NAN		Cou	£1y	
III. DESIGNATION OF TRAN	SPORTE	ROFO	IT. AT	VD NATTI	DAI GAS							
Name of Authorized Transporter of Oil		or Conden					which approv	ed copy of this fo	PFM IS 10	be sent)		
Meridian Oil Inc.						P.O. Box 4289, Farmington, NM 87499						
Name of Authorized Transporter of Casia Sunterra Gas Gath	=	or Dr	y Gas 💢	Address (Gi	ve address to	ed copy of this fo	copy of this form is to be sent)					
If well produces oil or liquids,		Twp.	Per		ly connected?			querque, NM 87125				
pve location of tanks.	Unit]	• • • • • • • • • • • • • • • • • • •	1 74		ly commonder	***	FE 7				
f this production is commingled with that	from any othe	or lease or	pool, g	ive comming!	ing order nus	ber:						
V. COMPLETION DATA												
Designate Type of Completion	- (X)	Oil Well	-	Gas Well	New Well	Workover	Deepen	Plug Back	Same Re	ev Diff R	TiE,A	
Date Spudded	Date Compt. Ready to Prod.				Total Depth	<u> </u>		P.B.T.D.				
,		,	•					P.B.1.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	(matic	9	Top Oil/Gas	Pay		Tulsing Dept	h			
Perforations												
								Depth Casin	2 2pos			
TUBING, CASING AND						CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE					DEPTH SE	S	SACKS CEMENT				
	!				!			· · · · · · · · · · · · · · · · · · ·				
				· · · · · · · · · · · · · · · · · · ·				:				
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u> </u>		····					
OIL WELL Test must be after to	ecovery of low	al volume	of load	oil and must					or full 24	hours.)		
Data First New Oil Run To Tank	First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, esc.)						
Length of Test	Tubing Pressure				Casing Press		Oxike Size	Choke Size				
1 norms 1 terestic												
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	•		Gas- MCF	Gar- MCF			
								1				
GAS WELL	· ·											
Actual Prod. Test - MCF/D	Length of T	est			Bbis. Conde		,	Gravity of C		b		
stung Method (pitot, back pr.) Tubing Pressure (Shut-in)				Cating Press	use (Shut-in)	· · · · · · · · · · · · · · · · · · ·	Opcika Size	Choka Size				
											į	
L OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE								
I hereby certify that the rules and regula	tions of the (Dil Conserv	ation		(DIL CO	NSERV	'ATION [DIVIS	NOIS		
Division have been complied with and to is true and complete to the best of my h			a abov	e				Buo o o	40.00			
		i vener.			Date	Approve	ed	AUG 28	<u> 1989</u>			
Cunette C.	Kinh							c) di		/		
Signature	Sur J	7			By_							
Annette C. Bisby Printed Name	Env (Reg	<u>Se</u> Title	crtry			BUPERV	ID NOISI	STRI	T # 5		
8-7-89	<u>(</u> 7	713) 9		012	Title			 				
Date		Teles	obone i	No.	11							

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) Senarate Form C-104 must be filed for each nool in multiply completed wells.