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

DISTRICE II P.O. Drawer DD, Anesia, NM 88210

Energy, Minerals and Hatmai Resources Department

discolated a section See Instructions at Bottom of Page

( 40 × 34 × )

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

<b>I.</b>	MEQI					TUBAL GA						
Operator		TO TRANSPORT OIL AND NATURAL GAS							Well API No.			
^		$\wedge$										
Address Produ	action			<del></del>								
	61		Γ.,	-0!-	١	1100	0710	,				
Reason(s) for Filing (Check proper box	n Stre	<u>et,</u>	TUC	$and\theta$	100	nor (Please expla	8740	· <del> </del>		······································		
New Well	,	Change in	Transis	orter of:								
Recompletion	Oil		Dry Ga		Effect	-ive 4-1	89					
Change in Operator		ad Gas	•						200			
If change of operator give name				F. Z		<del></del>				330h		
and address of previous operator		<del></del>										
II. DESCRIPTION OF WELL	L AND LE	ASE										
Lease Namé		Well No. Pool Name, Includi				ing Formation Kind c			[ Lease No.			
Gallegos Canyon Uni	+ Com F				Dakata			Federal or Fe	e Nm-c	231654		
Location	1.0011.0	1 1 Bd 1 ber 1		40111	THEATS	· · · · · · · · · · · · · · · · · · ·				7310-7-1		
Unit Letter N	. 30	50	Foot E	rom The	انا	na and 153	ر الا	eet From The	<b>(a.)</b>	Line		
Out Deter		<b>4</b>	i ca i	10111 THE		ic and	43-4	cce i font ino	·····			
Section 23 Towns	ship 29	N	Range	13 u	) ,N	IMPM,	San	Juan		County		
III. DESIGNATION OF TRA				ID NATU								
Name of Authorized Transporter of Oil	[]	or Condens	ate	<b>5</b>	Address (Gi	ve address to wi	hich approved	t copy of this f	orm is to be s	eni)		
Meridian Dil Inc.					P.D. Box 4289, Farmington NM 87499  Address (Give achiress to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Cas						ve address to wh	hich approved					
El Pasa Natural C	195				Caller	Service	4990	Farmin	atan No	n 87499		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actual	ly connected?	When		3	-		
give location of tanks.		1 26	99N	l isw	Ye	25	l	4-5-8	3			
If this production is commingled with th	iat from any of	her lease or p	ool, gi	ve comming	ling outer nun	ber:						
IV. COMPLETION DATA						·			-,			
Designate Tune of Constitution	n (V)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completic			_ _		lacin King	. l	<u> </u>	P.B.T.D.	<u> </u>	_l.:		
Date Spudded	Date Com	Date Compl. Ready to Prod.				Total Depth				All march		
50						Top Oil/Gas Pay				<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Perforations					10, 00, 00, 00, 00, 00, 00, 00, 00, 00,			Tubing Dep	Tubing Depth			
								Depth Casing Shoe				
								Dojan Cush				
	<del></del> ,	TURING	CASI	NCLANIA	CRMENT	ING RECOR	17					
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			1	SACKS CEMENT			
HOLE SIZE		CASING & TUBING SIZE				DEFITISE			SACKS CEIMENT			
					- <del>-</del>		<del></del>					
							<del></del>			<del> </del>		
V. TEST DATA AND REQU	EST FOR	ÄLLÖWA	BLE			·						
OIL WELL (Test must be after	er recovery of t	total volume c	of load	oil and mus	t be equal to a	r exceed top allo	owable for th	is depth or be	for full 24 ho	urs.)		
Date First New Oil Run To Tank	Date of To				- · · · · - · · · · ·	1ethod (Flow, pi	·····		I			
Length of Test	Tubing Pr	essure			Casing Press	sure		Choke Size				
Actual Prod. During Test	Oil - Bbls	Oil - Ibbls.				<b>S.</b>	··.	Gas- MCF				
							* '			Y 1		
GAS WELL										1		
Actual Prod. Test - MCF/D	Length of	Test			Ibls. Conde	nsate/MMCF		Gravity of	Condensate			
		- Louis or Louis								\$1. p		
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-in)				<del> </del>		
		•			_	•						
VI ODED ATOD CEDTER	LCATE O	C COMP		NCU					<del></del>			
VI. OPERATOR CERTIFICATION				YCE		OIL CON	<b>ISERV</b>	'ATION	DIVISIO	NC		
I hereby certify that the rules and re Division have been complied with a				'e			, , ,					
is true and complete to the best of n			., 2001	-	Det	a Anneasa	d			; (		
					Dat	e Approve	(C)		6050	<u> </u>		
(2) haw									ett of	4 · 4		
Signature		<del></del>			∥ By_		, 4		Care de de de la care	<u>-                                    </u>		
B.D. Shaw		Idm. 5	SO D	Y				6.	7	, 		
Printed Name	(		Title		Title	)			STRICT A	· <u>\$</u>		
3-29-89	(505) 3	125-88 125-88	24 L. Thone 1	·					**			
Date		reiet	mone I	117.	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
- 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.