Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

I.			BLE AND AUTHORI L AND NATURAL GA						
Operator		ANSPORT OIL	LAND NATORAL G		API No.				
	Petroleum Corp	Attn:	Ken_E. White						
Address) Haveten Ti	/ 77050 010	0		D) E G	EIV	FIN		
P.O. Box 2120 Reason(s) for Filing (Check proper box		77252-212	Other (Please expl		M G G				
New Well		in Transporter of:		 /	n r	1 0 1990	3		
Recompletion	Oil 🖺	Dry Gas							
Change in Operator If change of operator give name	Casinghead Gas	Condensate			OILC	<u>ON. I</u>	DIV.		
and address of previous operator						1ST. 3			
IL DESCRIPTION OF WELL	L AND LEASE		,						
Lease Name	Well No	Pool Name, Includ	_		of Lease	1	ease No.		
Albright Location	19	Otero Cha	cra	States	Federal or Fee	SF-0	081078		
Unit LetterM	: 1010	_ Feet From The _	South Line and 80	0 Fe	et From The	West	Line		
Section 23 Towns	thip 29N	Range 10W	, NMPM , S	an Juan			County		
				un ouun			County		
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER OF (RAL GAS						
Meridian Oil	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499								
Name of Authorized Transporter of Cas		or Dry Gas	Address (Give address to wi						
	Petroleum Corp	p	P.O. Box 2120	Houst	on i, TX 17	7252-21	20		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	is gas actually connected?	When	?				
If this production is commingled with the	t from any other lease o	r nool give comming	No No						
IV. COMPLETION DATA	- non my one rout o	. poor, give containing	ing order number.				· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completion	n - (X)	il Gas Well	New Well Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	*	P.B.T.D.		<u></u>		
11-25-89 Elevations (DF, RKB, RT, GR, etc.)	12-19-89 Name of Producing I	En-artice	3135 Top Oil/Gas Pay			101			
5595 Otero Chacra			2945	Tubing Depth 3135					
Perforations			2343	Depth Casing Shoe					
2945-3045'					3	135			
HOLE SIZE		I, CASING AND TUBING SIZE	CEMENTING RECOR DEPTH SET	SACKS CEMENT					
9 7/8	7		359		260				
6 1/4	2	2 7/8"		3135		370			
V. TEST DATA AND REQUE	ST FOR ALLOW	ARLE				<u> </u>			
			be equal to or exceed top allo	wable for this	depth or be for	full 24 hour	·s.)		
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu			*			
Length of Test			Code Process		Choke Size				
renkn or 1ear	lubing Pressure	Tubing Pressure		Casing Pressure			Choke 3126		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF				
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF	Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)		Casing Pressure (Shut-in)		Choke Size				
	1030	PSI (7 day)							
VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE	OIL CON	ICEDV	ATION D	MEIO	ı K I		
I hereby certify that the rules and regree Division have been complied with an							'I'V		
is true and complete to the best of my		ven above	Doto Approve		PR 03 199	30			
1/	11/11/11		Date Approve		Λ	<u> </u>			
	By Bur Chang								
Signature Ken E. White	Reg. Pe	rmit Coord.			SOR DIST	RICT 4	3		
Printed Name	710/000	Title	Title			· · · · · · · · · · · · · · · · · · ·			
1-5-90 Date	713/968 Tel	<u>-3654</u> lephone No.			·				

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.