Submit 5 Conies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais 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 §8210

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.							AUTHORI TURAL GA		N				
Operator  Meridian Oil Inc.						Well API No.							
Address			<del></del>	·		_		·				:	
P. O. Box 4289, Farm: Resson(s) for Filing (Check proper box)	ington,	NM 8	7499			Orbo	t (Please expir		<del></del>		<u> </u>		
New Well		Change in	Тпапар			Oun	я (гисан ехри	aur)					
Recompletion Change in Operator	Oil Casinghead	4 Geo 🗀	Dry G	,	]	Eff	ective :	11/1/9	1				
If change of operator give name	Casinghea				<u> </u>							·- ·-	
and address of previous operator	ANDIE	CE					<del></del>	<u> </u>					
IL DESCRIPTION OF WELL Lease Name	AND LEA	Well No.   Pool Name, Including				ng Formation Kind o				Lease Lease No.			
Nordhaus	1 B			Blanco Mesaverde			St	State, Federal or Fee			508		
Unit Letter N : 990 Feet From The South 1650 Feet From The West Line													
Section 13 Township	p 31N	1	Range		9W		<u>Sa</u>	n Juar	າ			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF O		ID NAT			- add-are to			hia 6aa			
Meridian Oil Inc.	ridian Oil Inc.								ngton, NM 87499				
Name of Authorized Transporter of Casing Sunterna Gas Gatherin						Address (Give address to which approved P. O. Box 1899, Bloomf							
If well produces oil or liquids,	Unit	Sec.	Twp.	l Ra			y connected?		hen?	, 1411	0/41	,	
If this production is commingled with that	from any oth	er lease or	pool, gi	ve commi	ngling order	numb	<b>&gt;ет.</b>						
IV. COMPLETION DATA		Oil Well		Gas Well	Nom. 1	Vall	Workover	D	- Divo D		2 D	Dier n. de	
Designate Type of Completion		i	_i_	OZS WEII	j		Workover	Deepe	n   Piug B	ack  S	Same Res'v	Diff Res'v	
Date Spudded	Date Compt. Ready to Prod.			Total D	Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing							
	т	UBING.	CASI	NG AN	D CEME	יודע	NG RECOR	.D	ļ				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
		<u> </u>				<u> </u>					<del> </del>		
	<u> </u>												
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE						i			<u>, , , , , , , , , , , , , , , , , , , </u>	
OIL WELL (Test must be after n			of load	oil and m						r be fo	r full 24 hou	<u>a) -a - </u>	
Date First New Oil Run To Tank	Date of Tes	Producti	Producing Method (Flow, pump, gas lift, et					n * W					
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.				Gas- MCF			
GAS WELL								-	¥	. 1 : 7			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Co	Bbls. Condensate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COME	LIA	NCE	<del></del>								
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.						Date ApprovedNOV 0 8 1991							
Leslie Kahwall.									_	-/	ر ا		
Signature Leslie Kahwajy	Production Aralyst				B	Ву				, , ,			
Printed Name	Title 505-326-9700				·    -	TitleSUPERVISOR DISTRICT #3						#3	
11/1/91 Date	205-32		phone i	No.	·    '				<del></del>			-	
	انتخصينا			<b>4</b> 6	!								

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.