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

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	NSPO	ORT OI	L AND NA	ATURAL C	AS				
Operator Towns 2								API No.			
nion Texas Pe	etroleum Con	rnora	tion		/		·				
2.0. Box 2120	Houston,	Texas	s 77	252-21	20						
Reason(s) for Filing (Check proper) New Well	,		_			her (Please exp	iaur)				
Recompletion	Oil	hange in	Dry Gas		,						
Change in Operator	Caninghead (Conden		•						
If change of operator give name		-	CONTRACT								
and address of previous operator _											
II. DESCRIPTION OF WE	LL AND LEAS	SE	0	3451N	1						
i.ease Name McCord	V	Well No. Fool Name, Includ				ing Formation Kind			of Lease No. Federal or Fee SF078212		
Location (2									J. J.	076212	
Unit Letter	— : ——		Feet Fro	m The	Lis	ne and	F	eet From The		Line	
Section 4 Total	waship 30N	/	Range	134	√ N	MPM. 3A	IN JUAN	/		_	
					<u></u>		V CIDAL	<u> </u>		County	
III. DESIGNATION OF TR	RANSPORTER	OF OI	L AND	NATU	RAL GAS						
Name of Authorized Transporter of (Dùl <u>r⊽n</u> or	r Conden			Address (Gir	we address to w	hich approved	copy of this	form is to be s	ent)	
Meridian Oil I					P.O. 1	Box 4289,	, Farmin	gton, N	M 87499)	
Name of Authorized Transporter of C El Paso Matura	1 Gas Co.	Gas Co. or Dry Gas			Address (Gin	ox 4990,	hick approved Farmin	gton,	form is to be a 1 87499	eni)	
if well produces oil or liquids, give location of tanks.	Unit Se	BC.	Twp.	Rge.	is gas acausii	y connected?	When	?			
If this production is commingled with	that from any other	iesse or p	ool, give	commine	ine order man	ber:					
IV. COMPLETION DATA		•									
Designate Type of Complete	tion - (X)	Oil Well	Ge	ıs Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. I	Date Compt. Ready to Prod.			Total Depth	<u> </u>	· L	P.B.T.D.	<u> </u>	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Prode	Name of Producing Formation				Pay		Tubing Depth			
Perforations								Depth Casing Shoe			
									•		
	TUBING, CASING AND				CEMENTI	NG RECOR	D				
HOLE SIZE	CASIN	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
									1		
											
											
V. TEST DATA AND REQU	JEST FOR ALI	LOWA	BLE								
	ter recovery of total			and must i	be equal to ar	exceed ton allo	numble for this	dend as he	ion full 24 hour	1	
Date First New Oil Run To Tank	Date of Test	<i>`</i>		1	Producing Me	thod (Flow, pu	mo, sas lift, e	ic.)	OF JULI 24 NOW	73.)	
				!				•			
Length of Test	Tubing Pressur	Tubing Pressure				se.		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis			Gas- MCF		
·				,							
GAS WELL	" 										
Actual Prod. Test - MCF/D	Length of Test			 ,	Date C	man A A 1240	 				
The low low - MCI/D	rendri or lest			!	Bbis. Conden	ma/MMCF		Gravity of C	ondensate		
esting Method (pitot, back pr.)	Tubing Pressur	Tubing Pressure (Shut-in)				n (Shut-in)		Choke Size	شامعه برم		
	i					(CHOLE SEE			
VL OPERATOR CERTIF	ICATE OF CO	OMDI	IANC	-E							
i hereby certify that the rules and re					C	DIL CON	SERVA	TION I		N	
Division have been complied with and that the information gives above					Į.			=			
is true and complete to the best of p	ny knowledge and be	elief.			Date	Approved	4	AUG 28	198 9		
	19.	,		İ		. 1441 0 46(- ス・	7~	9 /		
Supposition - 505					Date Approved AUG 2 8 1989 By SUPERVISION DISTRICT # 3						
Annette C. Bis	by Env. &	Reg.	Secr	try			BUPERV	ISTON D	ISTRICT	#3	
Printed Name 8-4-89	(713)	т -968 (ille 4012		Title_						
Date		Teleph	one 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 nool in multiply consoleted wells