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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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 NIEST FOR ALLOWARIE AND ALTHORIZATION

I.									ı				
Operator Operator	<u> </u>	O IHA	NSF	PORT OIL	AND	NA I	UHAL		API No.				
Meridian Oil Inc.						30-045-10617							
Address			<del></del>					- 30-	047-1001				
P. O. Box 4289, Farmi	naton.	NM 87	7499										
Reason(s) for Filing (Check proper box)	119 00119	1111 07	777			Othe	t (Please ex	plain)					
New Well		Change in	Transp	porter of:			. ,	,					
Recompletion	Oil		-										
Change in Operator	Casinghead		Conde		I	Effe	ective	9/17/91					
If change of operator give name		D - +	1		D O	Dozz	2120	Hougton	TV 77	252-2120	<u> </u>		
and address of previous operator Union	n Texas	Petro	reun	n Corp;	P.O.	вох	2120,	Houston	1, 1A //	232-2120	) —————		
II. DESCRIPTION OF WELL.	AND LEA	SE											
Lease Name						ling Formation Kind				of Lease No.			
Sadie West		#2	Ва	asin Dak	ota			Stat	e, Federal or Fe	SF07	7651		
Location			<u> </u>										
Unit LetterD	. 920	)	Feet F	From The	N	Line	and 83	30	Feet From The	W	ī i	ine	
Section 21 Township	<b>9</b> 311	1	Range	:	1 2W	, NM	<b>грм,</b> Sa	ın Juan			County	<u>.                                      </u>	
III. DESIGNATION OF TRAN				ND NATU							··		
Name of Authorized Transporter of Oil	X	or Conden	mie		Address	(Give	address to	which approv	ed copy of this f	orm is to be s	ent)		
Meridian Oil Inc.	P.O. Box 4289, Farmington, NM 87499												
Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔀						Address (Give address to which approved copy of this form is to be sent)							
Sunterra Gas Gathering	1				P.O. Box 26400, Alburg				<del></del>	<del></del>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas ac	yllent	connected?	Wh	n?				
<u></u>				<del>_ l</del>	<u>!</u>								
If this production is commingled with that if  IV. COMPLETION DATA	from any other	r lease or p	pool, g	ive commingi	ing order	numb	er:						
IV. COMPLETION DATA					·					·			
Designate Type of Completion	- (X)	Oil Well	į	Gas Well	New V	Vell	Workover	Deepen	Plug Back	Same Res'v	Diff Res'	٧	
Date Spudded	Date Compl	Peady to	Prod		Total De	enth			P.B.T.D.	l			
on space	Date Compi	. Ready W	riou.			-pas			P.B.1.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fo	rmatio		Top Oil	Gas P	av		Tubing Dep	· <b>h</b>			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation													
Perforations					<u></u>				Depth Casin	Depth Casing Shoe			
												İ	
	71	IBING.	CASI	ING AND	CEME	NTTN	IG RECO	RD					
HOLE SIZE	Ť	SIZE	DEPTH SET					SACKS CEM	ENT				
							İ						
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	2									
OIL WELL (Test must be after re	covery of tou	al volume i	of load	oil and must	be equal	10 or 1	exceed top a	llowable for t	his depth or be	for full 24 hou	<b>FS.</b> )		
Date First New Oil Run To Tank	Date of Test	1			Producir	ig Mei	thod (Flow, p	pump, gas lift	, etc.)	•			
Length of Test	Tubing Pres	sure			Casing F	TESSUI	re		Chioke Size	₩ U. C	*/*		
			1				113						
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.				Gas- MCIS	EP2 2 1	991,	. 1			
					<u> </u>					<b>/</b> ***	3720 18 W	<u> </u>	
GAS WELL									<b>UIL</b>	( ( ) V.	္လြင္ပြဲ ျပ	أ	
Actual Prod. Test - MCF/D	Length of T	est			Bbis. Co	ndens	ate/MMCF		Gravity of C	ordinate /	1	-	
							-	• • •	,				
Festing Method (pitot, back pr.)  Tubing Pressure (Shut-in)						TESSUI	re (Shut-in)		Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE.									
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above						AFR 0 0 4004							
is true and complete to the best of my knowledge and belief.						ate	Approv	<sub>ed</sub> S	EP 2 3 19	197			
L. 1 - 41/2	f.	•			"	~10	٠٠٠٠٠٠ ١				·		
Julie Hanwayy					By 300 change								
Signature	$\mathcal{J}$	1 .			B	у			· 0/10	<b>~</b>			
Leslie Kahwajy Printed Name	Product	tion A	nal) Tide	VST	_			SUPERV	SOR DIS	TRICT #	3		
9/20/91	505-326	6-9700			∥ Т	itle_					<del></del> .		
Date			phone 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) Separate Form C-104 must be filed for each pool in multiply completed wells.