Submit 5 Cories
Appropriate During 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, Assess, NM \$8210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	West Set 1100											
Meridian Oil Inc.	<del></del>		<u> </u>				36	0-045-21	642 ———	<del></del>		
P. O. Box 4289, Fari	mington, N	M 874	499									
Research(s) for Filing (Check proper box)					Other (Plea	se espiai	A)					
New Well Recompletion		_	asporter of:	l	-cc	c	117/01					
Change in Operator	Oil Caringheed Gas				Iffect	ive 9	9/1//91					
If change of operator give same	on Texas P			• P O	Box 2	120.	Housto	n. TX 7	7252-21	20		
	<del> </del>		eum Corp	., 1.0	. BOX 2	120,	noasto	11, 111, 7	7232 21			
L DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, including								P-1-01				
Johnston Federal	6A Blanco Mes			•	~			Kind of Lease State, Federal or Fee		SF078439		
Location		<u> </u>					<u> </u>	<del></del> -				
Unit Letter F	1850	Fee	t From The .	N	_ Line and _	162	<u>.0</u> Fe	et From The .	- <del>V</del>	Line		
Section 35 Townshi	31N	<b>D</b>		09W	\n.c.	San	Juan					
JOWNSON DO TOWNSON	D 2114	Kar	ege	0,711	, NMPM,	5411	Juan			County		
II. DESIGNATION OF TRAN	SPORTER O	F OIL	AND NAT									
Name of Authorized Transporter of Oil Meridian Oil Inc.	∝ or C	codenante		i				copy of this fo		ent)		
Name of Authorized Transporter of Casin	head Gas		Dry Gas 🔯					ton, NM		1		
El Paso Natural Gas		_	DI					ton, NM				
l' weil produces ou or liquide,	Unit Sec.	Tw	p. Re		ctually come		When					
pive location of traits.	<del> </del>											
f this production is communified with that  IV. COMPLETION DATA	from my other les	us or pool	, gwe commi	igling order	anapat:			<del></del>	<u></u>			
	Oil	Well	Ges Well	New	Well Work	over	Deepes	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion			<u> </u>	<u> </u>	i	i		<u>i</u>		ĺ		
Date Spudded	Date Compt. Re	edy to Pro	ď.	Total D	ebrp			P.B.T.D.				
Elevances (DF, RKB, RT, GR, etc.)	Name of Produc	ne Forms	bon	Top Oil	/Gas Pay			Tubing Depth				
Performices	-		· · · · · ·					Depth Casin	Shoe			
	77 70 1	NC CA	STAIC AND	CEVE	APPROVED DE	CORE						
HOLE SIZE CASING & TUBING SIZE				CEME	CEMENTING RECORD  DEPTH SET				SACKS CEMENT			
	3,3,10	CASING & TOBING SIZE										
				İ				1				
								·				
. TEST DATA AND REQUES	T FOR ALL	OWABI	E	<u> </u>				<u>:</u>		<u></u> .		
OIL WELL Test must be after n				at be equal	to or exceed	lop ellow	mble for thi	e desse organ /	MARINE BOA	自用の		
Date First New Oil Rua To Tank	Date of Test			Product	ng Method (F	low, pur	φ, gas lift, i	m()) []	心压力	₩ La III		
th of Test				Casing	Casing Pressure				SEP 2 3 1991			
	I north Liesanie	Tubing Pressure						St	P 2 3 19	131		
Actual Prod. During Test	Oil - Bbls.	Water -	Water - Bbis.			CON. DIV.						
	<u>!</u>			1	<del></del>			015	DIST. (			
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test			Bbis. C	onden.mte/MI	ACF (		GravityLoLC	Comment.	• •		
esting Method (puot, back pr.)	Tubing Pressure	(Shut-m)		Casing	Pressure (Shu	1-in)		Choke Size		·		
VL OPERATOR CERTIFIC	ATE OF CO	)MPLL	ANCE			2014	0501	ATIONI		<b>N</b> I		
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 is true and complete to the best of my knowledge and belief.					<b>.</b>		_	EP 2 3 1	1991			
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- Bushe Kahwaja					But) Chang							
Leslie Kahwajy Production Analyst					SUPERVISOR DISTRICT #3							
Printed Name			.,, .,									
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9/2C/91	505-326	Titl	le.	T	ītle							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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- 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.