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

DISTRICT III

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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I. 1000 Rio Brazos Rd., Azzec, NM 87410	REQ					AUTHOR					
Operator Oct I		10111	HIVOF	ON I O	L AND NA	AND NATURAL GAS Well API No.					
Meridian Oil Inc.		30-045-25108									
P. O. Box 4289, Farm Reason(s) for Filing (Check proper box)	<u>iington</u>	, NM 8	37499								
New Well		Change is	Transpo	orter of:		her (Please exp	lain)				
Recompletion Change in Operator	Oil Casinghe	ad Gae	Dry Ga	_	Ef	fective	9/17/91				
If change of operator give name and address of previous operator UNI					BOX 21	20, HOUS	TON TY	77252	·····		
II. DESCRIPTION OF WELL					2011 21	20, 11003	10N, 1A	11232			
Lease Name	Well No. Pool Name, Includ							of Lease			
Culpepper Martin		3M	втаг	nco Mes			State	Federal or F	Fee	e	
Unit Letter F	_ : <u>177</u>	70	Feet Fr	om The _	Vest Lin	e and180	00 F	eet From The	north	Line	
Section 7 Townshi	p 31N	Ň	Range	1 2W	N	мрм, Sar	n Juan				
III. DESIGNATION OF TRAN	CDADTE	T OF O		D 314 mm		Willing Bar	<u>r oddin</u>			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPURIE	or Conden	IL AN	DNATU	Address (Giv	e address to w	hich approved	copy of this	form is to be s	tent)	
Meridian Oil Inc. Name of Authorized Transporter of Casing					P.O. Bo	ox 4289;	Farming	ton, NM 87499			
SUNTERRA GAS GATHERING	ERRA GAS GATHERING CO.			Cas (X)	Address (Give address to which approved P.O. BOX 26400, ALBUOU						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actuall	y connected?	When		311 07 12 3		
If this production is commingled with that i	form any oth	er lease or	pool, give	e comming	ing order num	ber:					
IV. COMPLETION DATA		Oil Well		as Well	New Well	Workover	J D	l 70	1.		
Designate Type of Completion - Date Spudded		i	i		i	W OF KOVET	Deepen 	Mug Back	Same Res'v	Diff Res'v	
	Date Comp	al. Ready to	Prod.		Total Depth			P.B.T.D.	·		
Elevanons (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations					Top Oil/Gas Pay			Tubing Depth			
								Depth Casing Shoe			
		· innic	<u> </u>								
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					NG RECOR DEPTH SET	D	SACKS CEMENT			
7. TEST DATA AND REQUES	FOR A	LLOWA	RLE								
OIL WELL (Test must be after re	covery of tol	al volume o		l and must	be equal to or	exceed top allo	wable for this	depth or be	for full 24 hou	rs.)	
ALE PITE NEW OIL KUM 10 1ank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure				Casing Pressure					EIN	
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Fas- MCF			
						-	u	18.5	2 3 1991		
GAS WELL ACTUAL Prod. Test - MCF/D	Length of To	est			Bbis. Condens	-to AAAC			ON D	····	
					Bois. Congens	au/MINICI		OH CON DIV			
osting Method (puot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressur	e (Shut-in)	7	Choke Size			
I. OPERATOR CERTIFICA	TE OF	COMPL	LIANC	CE							
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 Approved SEP 2 3 1991						
Dedie Kakwan					A						
Signature Leslie Kahwajy Production Analyst					By						
Printed Name Title 9/20/91 505-326-9700					TitleSUPERVISOR DISTRICT #3						
9/20/91 Date	205-3		10 1000 No.								
					1						

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.