

Form C-104  
Revised 1-1-89  
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State of New Mexico  
Energy, Minerals and Natural Resources Department

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DISTRICT I  
P.O. Drawer 20, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2038  
Santa Fe, New Mexico 87504-2038

61104

DISTRICT I  
1000 Rio Arizos Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	IRIDIAN OIL INC.	Well API No.	30-025-0954500
Address	P.O. BOX 51810, MIDLAND, TX 79710-1810		
Reason(s) for Filing (Check proper box)	Other (Please explain)		
New Well	Change in Transporter of:	To correct Gas Gatherer from El Paso Natur	
Recommendation	Oil	Dry Gas	Gas Co. to Sid Richardson Carbon & Gasolin
Change in Operator	Casinghead Gas	Condensate	Company.
If change of operator give name and address of previous operator			

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No. / Pool Name, including Formation	Kind of Lease	Lease No.
Myers B	3 Jalmat 1045:11 / T7-R	State, Federal or Fee	CC054665
Location	Unit Letter C 66p Feet From The N Line and 1980 Feet From The W Line		
Section	Township	Range	NMPM. Lea County
13	24-S	36-E	

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
Sid Richardson Carbon & Gasoline Co.		201 Main Street, Ft. Worth, TX 76102			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge. (Is gas actually connected?)	When?
				yes	12/60

If this production is commingled with that from any other lease or pool, give commingling order number.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

#### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

#### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed 100 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

#### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
Connie L. Malik, Regulatory Compliance Rep.  
Printed Name  
1/22/92 915-688-6891  
Date Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved FEB 07 '92

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title  
FOR RECORD ONLY. MAY 20 1993

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.