

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
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, Artesa, NM 88210

### OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I. Operator MERIDIAN OIL INC. Well API No. 30-025-25927

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:  Oil  Dry Gas  To correct Gas Gatherer from El Paso Natural  
Recompletion  Casinghead Gas  Condensate  Gas Co. to Sid Richardson Carbon & Gasoline  
Change in Operator  Company.

If change of operator give name and address of previous operator:

### II. DESCRIPTION OF WELL AND LEASE

Lease Name: Cooper J.W. Well No. 7 Pool Name, including Formation Salmat Trans. 11 Y 7 R Kind of Lease State, Federal or Fee Lease No.  
Location  
Unit Letter J : 1650 Feet From The S Line and 2310 Feet From The E Line  
Section 14 Township 24-S Range 36-E NMPM. Lea County

### 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)  
Seurlock Permian  
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. Rgn. Is gas actually connected? When? yes 1-6-79

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 top 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 (pilot, 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.

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

### OIL CONSERVATION DIVISION

Date Approved FEB 03 '92  
By ORIGINAL SIGNATURE READY SECTION  
Title \_\_\_\_\_

### 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.