District I

State of New Mexico
En J, Minerals & Natural Resources Department

PO Box 1980, Hobbs, NM 88241-1980

District II 811 S. 1st Street, Artesia, NM 88210-2834

District III

1000 Rio Brazos Rd., Aztec, NM 87410 District IV PO Box 2088, Santa Fe, NM 87504-2088

P.O. Box 2088 Santa Fe, NM 87504-2088

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

## OIL CONSERVATION DIVISION

■ AMENDED REPORT

I.			Γ FOR A	LLOWAE	BLE AND	AUTHO	RIZAT	TON TO TI	RANSPO	RT	
<sup>1</sup> Operator name and Address								<sup>2</sup> OGRID Number			
Meridian Oil Inc.								26485			
P.O. Box 51810								3 Reason for Filing Code			
Midland, TX 79710-1810						Added pay/oil to gas well					
4 API Number						5 Pool Name  6 Pool Code 57258					
	25-32506	5	Rhodes Yates Seven Rivers							83810	
	perty Code		8 Property Name					9 Well Number			
	14293			Mol	perly Rhode	es Waterf	100d <i> </i>	roject		No. 2	
UL or lot no.	Surface	Location	Range	Lot. Idn	Feet from the	NI	outh Line	Feet from the	Es at /West 1:		
OL of lot no.	21	26\$	37E	Lot. Iun	760'				East/West li		
11					700   30		outh	1980'	East	Lea	
UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/S	outh Line	Feet from the	East/West li	ne County	
										,	
12 Lse Code	13 Producii	ng Method Co	ode 14 Gas C	Connection Date	<sup>15</sup> C-129	Permit Numb	er 10	C-129 Effective	Date 17	C-129 Expiration Date	
Federal	F1	owing	g	/23/95							
III. Oil and Gas Transporters								, , ,			
			nsporter Nam	е	20 P	20 POD 21 O/G		22 POD ULSTR Location and Description			
	Cid			no Co	20			•			
020809 Sid Richards			Jii Gasoii	ne co.	マタバ	2816615 G		Sales meter @ Sec. 21, T26S, R37E, Unit Letter O			
								1072, 01110	20000. 0		
		- i						7			
	222202				200.000.000.000.000	waagaaaaa aa a	enencessosessos				
3000 - 1700 3000 - 1700											
						\$46.0 (1.14 \$-0.16kg					
IV. Produced Water											
23 POD 24 POD ULSTR Location and Description											
V. Well C	ompletio	on Data		<del>-</del>					-	<del></del>	
<sup>25</sup> Spud Date <sup>2</sup>			Ready Date		<sup>27</sup> TD	<sup>27</sup> TD		<sup>28</sup> PBTD	29	<sup>29</sup> Perforations	
11-3-74		<u> </u>	9/23/95		3850			IBP@3088'		2940'-3061'	
<sup>30</sup> Hole Sie			31 Casin	g & Tubing Size	•	32 Depth Set		<sup>33</sup> Sa		s Cement	
						· • · · · · · · · · · · · · · · · · · ·					
<del></del>				;							
VI. Well T	est Data	 1					<del></del>	<u>.</u>	<u> </u>		
34 Date New Oil 35 Gas Deliv			ry Date	<sup>36</sup> Test Dat	e	37 Test Lengt	th	38 Tbg. Pressure 39 Csg. Pressure		<sup>39</sup> Csg. Pressure	
į		9/23/95		9/26/9	5 24 hrs		308			310	
40 Choke Size		<sup>41</sup> Oil		<sup>42</sup> Water		43 Gas		<sup>44</sup> AOF		45 Test Method	
_		0		0	0		3				
46 I hereby certify		les of the Oil		Division have be		AOF@101		NSERVATIO	N DIVISIO	N	
complied with and the best of my kno	that the into the into the interest of the int	ormation give belief.	n above is tru	e and complete	III.					14	
Signature:	1		<del>/</del>		Approv	rea by:	GAI	NL SIGNED B	Y		
Printed name:						Title: FIELD REP. II					
Donna Williams Tide:						Approval Date:					
Regulatory Compliance						Approval Date:  IAN 0.3 1996					
Date:	12/27/9	5	Phone:	15-688-694	3	JAN .					
47 If this is a cha	ange of oper	ator fill in the	OGRID num	ber and name of	the previous o	perator					
			. n'	i						·	
	Prev	ious Operator	Signature		j	Printed Name			Title	Date	

## New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.

Report all gas volumes at 15.025 PSIA at 60 degrees. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2
- 3 Reason for filing code from the following table: NW New Well

RC CH AO Recompletion

Change of Operator Add oil/condensate transporter Change oil/condensate transporter

CO AG CG Add gas transporter

Change Gas transporter

RT Request for test allowable (include volume requested)

If for any other reason write that reason in this box.

- The API number of this well 4.
- 5. The name of the pool for this completion
- 6 The pool code for this pool
- The property code for this completion 7.
- The property name (well name) for this completion 8
- 9 The well number for this completion
- 10 The surface location of this completion NOTE: If the number United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

Federal State

S P

Fee

Jicarilla

J N Navaio

Ute Mountain Ute

1 Other Indian Tribe

The producing method from the following table:

13.

Flowing Pumping or other artificial lift

- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for 15. this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
- 18. The gas or oil transporter's OGRID number
- Name and address of transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district 20. office will assign a number and write it here.
- 21. Product code from the following table:
  - Oil
  - G Gas

- 22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and the POD has no number the district office will assign a 23 number and write it here.
- 24. The USLTR location of this POD if is is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water (Example: Tank", etc.)
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28 Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 32. bottom
- 33 Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 38
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44 Gas well calculated absolute open flow in MCF/D
- 45 The method used to test the well:

Flowing

P **Pumping** Swabbing

If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report. 46
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person. 47.

Service Single 900