

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

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

I. Operator MERIDIAN OIL INC. Well API No. 30-025-11794 OK  
Address P. O. BOX 51810, MIDLAND, TX 797101810  
Reason(s) for Filing (Check proper box):  
New Well  Other (Please explain)   
Recompletion  Change in Transporter of:  
Change in Operator  Oil  Dry Gas   
Casinghead Gas  Condensate   
If change of operator give name and address of previous operator UNION TEXAS PETROLEUM CORP: P.O. BOX 2120; HOUSTON, TX 77252

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Carlson "B" Well No. 2 Pool Name, Including Formation Justis (Blinbry) Tub Drinkard Kind of Lease State Lease No. NM-0766  
Location Unit Letter H 1650 Feet From The N Line and 330 Feet From The E Line  
Section 26 Township 25S Range 37E, NMPM, Lea Country

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

Name of Authorized Transporter of Oil  or Condensate   
Texas New Mexico Pipeline Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240  
Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
SID RICHARDSON CARLON & GAS CO. Address (Give address to which approved copy of this form is to be sent) 201 Main Street, Ft. Worth, TX 76102  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rgs. Is gas actually connected? When?

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 (prod, 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 [Signature]  
Printed Name Jerry Sexton Title District I Supervisor  
Date 11-1-91 Telephone No. (915) 438-6966

**OIL CONSERVATION DIVISION**

Date Approved OCT 28 1991  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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 multi-well completion.

**RECEIVED**

**OCT 11 1991**

**CLERK  
HUMAN RESOURCES**