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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

> REQUEST FOR ALLÓWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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I. TO TRANSPORT OIL AND NATURAL GAS V	
Operator Well API No.	
METEOR DEVELOPMENTS, INC.	
511 16th Street, Suite 400, Denver, CO 80202	
Reason(s) for Filing (Check proper box) New Well Change in Transporter of:	
Recompletion Oil Dry Gas	
Change in Operator Casinghead Gas Condensate Effective September 1, 1991	
If change of operator give name and address of previous operator Bordeaux Petroleum Co., 511 16th Street, Suite 400, Denver, Co) 80202
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including Formation Kind of Lease State, Federal on Fee	Lease No.
Martin 5 Carlsbad S. Cherry Canyon Sale, Feed at 182	
Unit Letter L : 2210 Feet From The S Line and 990 Feet From The M	Line
Section 20 Township 22S Range 27E , NMPM, Eddy	Сошпту
FOTT Energy Operating LP III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil AND Or Condended On Address (Give address to which approved copy of this form is to	
Name of Authorized Transporter of Oil XX or Condensate COTD Address (Give address to which approved copy of this form is a	
Name of Authorized Transporter of Oil Enron Oil Trading and Transporter of Casinghead Gas Effective carl 3 Address (Give address to which approved copy of this form is to Address (Give address to which approved copy of this form is to	
None If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When?	
give location of tanks. L 20 225 27E No	
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA	
Oil Well Gas Well New Well Workover Deepen Plug Back Same R Designate Type of Completion - (X)	es'v Dist Res'v
Date Spudded Date Complex Ready to Prod. Total Depth P.B.T.D.	I
Elevations (DF, RKR, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
Perforations Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD	
	CEMENT
5V	
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 2:	(hours) SSS
Date First New Oil Run To Tank Date of Test	, nows,
Length of Test Tubing Pressure Casing Pressure Choke Size	
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF	برتهال الم المنظمة
GAS WELL	
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	6
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVIS	COM
Thereby certify that the filles and regulations of the on conservation	SION
LOVIDOR DEVE DEED COMMISS WITH ESS INSI THE SECTIONS SIVER SPOVE II	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved OCT 2 3 1001	
Date Approved OCT 2 3 1991 Signature By ORIGINAL SIGNED BY	
Date Approved OCT 2 3 1991 Signature Signa	
Date Approved OCT 2 3 1991 Signature Date Approved OCT 2 3 1991 By ORIGINAL SIGNED BY	

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.