Submit 5 Copies
Appropriate District Office
DIST RICT 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 Instruction

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

RECUEST FOR ALLOWARIES AND ALITHOPIZATION

I.					AND N			ZATION				
Operator		i O The	MOF	ווט וחכ	ANDI	AIUF	IAL GA		API No.			
Meridian Oil Inc.												
Address P. O. Box 4289, Farmin	igton, N	M 874	199							<u> </u>		
Reason(s) for Filing (Check proper bax)					7 (Other (Pl	ease expla	iút)				
New Well		Change in	Тлавро	rter of:	_		•	·				
Recompletion	Oil		Dry Ga	. 🗆								
Change in Operator	Casinghead	i Gas 🗌	Conden	sate	Well r	name (change	ed from	Jicaril	lla H #8		
If change of operator give name												
and address of previous operator IL_DESCRIPTION OF WELL	AND LEA	SE									<u></u>	
Lesse Name		Well No.	Pool Na	me, includ	ng Pottmati	OID.		Kind	of Lease	L	ease No.	
Jicarilla 103		8	Tapa	acito (Gaflup			State	Federal or Fe	• C103		
Location Unit Letter	_ :7	90	Feet Fro	om The Sc	ou <u>th</u>	Line and	790) F	eet From The	East	Line	
Section 19 Townshi	i p 2	6N	Range	41		NMPM,	Rio	Arrib			County	
		- ''										
III. DESIGNATION OF TRAN				<u>NATU</u>	RAL GA	<u>.S</u>						
Name of Authorized Transporter of Oil Meridian Oil Inc.		or Conden	erie	\square					copy of this f		unt)	
	1								gton, NM			
Name of Authorized Transporter of Casin Gas Company of New Mex	-		or Dry (Gas 📉	Address (Gi ve addi Dov	r <i>ess to wh</i> 1000	ich approved	copy of this f	orm is to be se	end)	
If well produces oil or liquids,		Sec.	7	1 7					ield, NA	87413		
give location of tanks.	1 1	3 0 C. [Twp.	Kge.	is gas act.	шцу соот	lected?	When	1 7			
If this production is commingled with that	from any other	r lease or a	nool give	comminal	ing order m							
IV. COMPLETION DATA		Oil Well	,	as Well	New We		kover	D	Div. D. di	la a	him n	
Designate Type of Completion	- (X)	l l	1	as well	i usa me	ar i wo	KOVEI	Deepen	i Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.	<u>. </u>	1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Fo	rmation		Top Oil/G	as Pay		<u> </u>	Tubing Dep	th		
Perforations						Depth Casing Shoe						
		URING	CASIN	IG AND	CEMEN	TING F	FCOR		·	 -		
HOLE SIZE	TUBING, CASING AND (CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT		
						SACTO DEMERT						
				-					•			
	1											
	į											
V. TEST DATA AND REQUES				•								
OIL WELL Test must be after r			of load or	i and must						for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	ı			Producing Method (Flow, pump, gas lift, etc.)							
Land of Tax	!							FIN				
Length of Test	Tubing Pres	SLITE			Casing Pre				Caoke Size			
Actual Prod. During Test	Oil Phi				Water Di	60.82	AAATS	5 166	- <u>()</u>			
Actual Floir During Test	Oil - Bbls.				Water - Bt)1 %.	MAR	3 1991	Gas- MCF			
	!						10	ש. מכ	in			
GAS WELL								_	- • •			
Actual Prod. Test - MCF/D	Length of To	est			Bbls. Cond	iensue/M	MCFU)	SI. 3	Gravity of C	ondensate		
Table Maked (since back as	Tubing Days	(Ch	1-3		Cara D							
esting Method (pitot, back pr.)	Tubing Pres	wite (2007-	ш		Casing Pre	seme (20	ur-in)		Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COMP	ITANI	CE.					- 4			
				CL		OIL	CON	SERV	ATION	DIVISIO	N	
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.						ta Ani	oroved	, М	AR 1 3 1	991		
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Signature Leslie Kahwajy	Dandii	c+ :(1	61.	/c+	Ву			0	1 Oh	 {		
Printed Name	_ rrouu	ction	<u> </u>	/ S C			;	SUPERV	SOR DIS	TRICT 4	3	
3/8/91	505_3	26-970	Title ≀∩		Titl	e					-	
Date			boss No	 								
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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.