Submit 5 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, Artesia, NM 88210

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian	Oil Inc					Well API No.			
Address						1		··	
		nington, N	lew Mexico	87499					
Reason(s) for Filing (Check pro	oper box)				X	Other (Please	explain)		
New Well		Change in Transporter of:				WELL NAME CHANGED FROM JICARILLA G 1.			
Recompletion		Oil	-	Dry Gas					
Change in Oprator	Casinghead Gas Condensate				EFFECTIVE 8/1/92				
If change of operator gi	ve name								
and address of previous	operator	Mobil Pro	ducing TX	& NM Inc.	, Nine Gi	eenway Pl	aza, Suite 27	700,	
II. DESCRIPTION	L AND LEASE			Houston, Texas 77046					
Lease Name		Well No. Pool Name, Including Forma		-	1		Lease No.		
JICARILLA 95 Location		1	GAVILAN PICTURED C		LIFFS State, Feder		ral or Fee	JICARILLA 95	
Unit Letter	A	: 990	Feet From The	Е	Line and	990	Feet From The	N	Line
Section	35	Township	27N	Range	3W	.NMPM.	RIO ARRIBA		County
III. DESIGNATIO		<u>'</u>					Ido /Iddb/	1	County
Name of Authorized Transport		—	or Condensate				ich approved conv	of this form to be	cant)
MERIDIAN OIL INC	or Condensate		<u>X</u> _	Address (Give address to which approved copy of P.O. BOX 4289, FARMINGTON, NM			Schi)		
Name of Authorized Transport	d Gas or Dry Gas			Address (Give address to wh				sent)	
NORTHWEST PIPELI	NY =		X	P.O. BOX 58900, SALT LAKE CITY, U					
If well produces oil or		Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When ?	
liquids, give location of tanks.		<u>.</u>	<u>i</u>	<u> </u>	<u> </u>				
If this production is commingle		any other lease	or pool, give comm	ningling order n	umber:			· · · · · · · · · · · · · · · · · · ·	
IV. COMPLETIO	N DATA								
		Oil Well	Gas Well	New Well	Workover	1 Deepen	l Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion  Date Spudded	- (X) Date Compl. R	1 1 eady to Prod	<u>L</u>	Total Depth	l L	! <del>!</del>	P.B.T.D.	} 	L
Date Spadded	Date Compi. K	eady to Flou.		Total Depth			P.B.1.D.		
Elevations (DF, RKB, RT, GR	, etc.)	Name of Produ	icing Formation	<u> </u>	Top Oil/Gas	Pay	Tubing Depth		
						-			
Perforations							Depth Casing Sho	oe .	
		TUBI	NG, CASING	AND CEM	ENTING	RECORD			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		<u>-</u>	S	ACKS CEMENT
				ļ				·····	
V TECT DATA A	ND DEAL	DECT DOL	NATION!	DIE	<u>l</u>			<u> </u>	
V. TEST DATA A	-								
OIL WEL (Test must be a Date First New Oil Run To Ta	after recovery o	f total volume o	f load oil & must b			wable for this de mp, gas lift, etc.		24 hours.)	
Date 1 not 1. to 1.	anc.	Date of Test		Troducing Med	nou (riow, pu	mp, gas mi, etc.	)		WE IN
Length of Test		Tubing Pressure		Casing Pressure		Choke Size			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
							(מו		
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.		_	Gas - MCI	AUG O 6	1992
GAS WELL	<del></del>	l					0.0	AUGO	VIO.
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensa	te/MMCF		Gravity of Conde	OH CO	M. n.
		9		The state of the s		•	Orania or social	Circumstant Circum	
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		:	Choke Size		
		İ			r*··				
VI. OPERATOR O	CERTIFIC	CATE OF	COMPLIA	NCE					
I hereby certify that the ru					O	IL CONS	<b>ERVATIO</b>	N DIVISIO	N
been complied with and the best of phy knowledge and	is true and complet	rue and complete to the			AUG 0 6 1992				
7/1/	Air	1//		Date Approved					
golde	, 4714	iwil	14			_	7 \	$\sim$	,
Signature		(	<del></del>	By 3			Thung/		
Leslie Kahwajy	Production Analyst			<u> </u>	SUPERVISOR DISTRICT #3				
Printed Name	Title			Title	<del></del>		01/110	· *3	
7/31/92			505-326-9700		1				
Date			Telephone No	0.	1				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompained 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.