Sub:mit 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

P.O. Box 1980, Hobbs, NM 88240 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		MANSPOHT OF	LAND NATURAL G	AS			
	Meridian Oil, Inc.			Well API No.			
Address P.O. Box 4289	Farmingtor	Nou Movie	07400				
Reason(s) for Filing (Check proper box)	, rarmington	, New Mexic		/-: \ `			
New Well	Change	in Transporter of:	Other (Please expl	aur)			
Recompletion	Oil [Dry Gas					
Change in Operator	Cazinghead Gas	Condensate X	Effective 11/1,	/89			
change of operator give name Amo	co Productio	n Company.	P.O. Box 800, Der		0. 802	001	
L-DESCRIPTION OF WELL			BOX GOO! DET	IVET . CU	0. 002	WI.	
Lesse Name	Well No	Pool Name, Includ	ting Ecometics	Via 4 at			
San Juan 32-9 Unit	32A	Blanco Me	esa Verde	State, F	Lease USA ederal or Fee	SF 0	78509
ocation	7.00	-					
Unit LetterC	_ :790	_ Feet From The _	North 800		From The	West	Line
Section 31 Township	_B 32N	004		San Jua	_		
Section OI TOWNShip	b JEN	Range U9W	, NMPM,	San Jua			County
I. DESIGNATION OF TRAN	SPORTER OF (DIL AND NATII	TRAT. GAS				
attle of Authorized Transporter of Oil	or Conde	ensate XX	Address (Give address to wh	rich approved c	opy of this fo	rm is to be se	et)
<u>Meridian Oil Transport</u>	tation, Inc.		P.O. Box 4289, Farmington, N.M. 87499				
ame of Authorized Transporter of Casinghead Gas or Dry Gas X			Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Co well produces oil or liquids,			P.O. Box 990, Farmington, N.M. 87499				
ve location of tanks.	Unit Sec.	Twp. Rge. 32N 09W	Is gas actually connected? Yes	When?			
this production is commingled with that f				L			
. COMPLETION DATA		,					
Designate Type of Completion -	Oil We	il Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
ate Spudded					i		Ĺ
 	Date Compi. Ready i	D 170d.	Total Depth		P.B.T.D.		
evations (DF, RKB, RT, GR, etc.)	Name of Producing F	omation	Top Oil/Gas Pay		Tuki D		
			Tubing Depth				
fortions			 		Depth Casing	Shoe	
	TURING	, CASING AND	CEMENTING RECORI	D			
UOI 5 0175						CVC CEVE	NT
HOLE SIZE	CASING & T		DEPTH SET		SA	CKS CEME	
HOLE SIZE			DEPTH SET		SA	CAS CEME	
HOLE SIZE			DEPTH SET		SA		
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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.