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 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	250		00.4		DIE AND	AUTUOD!	74TION					
I.	REQ				BLE AND / L AND NA							
Operator	CAND NA	Well API No.										
Meridian Oil Inc.							30-	-045-238	883			
P. O. Box 4289, Far	minaton	. NM s	37499									
Reason(s) for Filing (Check proper box)	11119 6011	9 14/1 1	., -, ,	· · · · · · · · · · · · · · · · · · ·	Oth	et (Please expli	ain)					
New Well		Change in	•	777								
Recompletion X	Oil Dry Gas X Effective 9/17/91											
			Conde				<u> </u>	T 4	TV 770	F2 2120		
and address of previous operator Uni	on Texa	s Petro	oleum	Corpo	ration;	P.U. BOX	2120;	Houston,	1X //Z	52-2120		
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name Johnston Federal		Well No.			ing Formation ruitland	Coal)		of Lease Federal or Fe		ease No. 8439		
Location		1 13	Ба	13111 (1			0,					
Unit Letter F	. 16	80	Feat E	rom The _	orth Lin	e and14.	50 E .	et From The	west	Line		
<u> </u>			_ 100 11			-		act i ioiii i iic				
Section 35 Townsh	i p 31	<u>N</u>	Range	09W	, N	ирм, Sai	n Juan	•		County		
III. DESIGNATION OF TRAI	NSPORTI	R OF O	II. AN	D NATI	RAL GAS							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR						Address (Give address to which approved copy of this form is to be sent)						
Meridian Oil, Inc.					x 4239,							
Name of Authorized Transporter of Casin Meridian Oil Inc.	ighead Gas		or Dry	Gas 🔀	Address (Giw	e <i>eddress to wi</i> 0x 4289,	uch approved Farmino	i <i>copy of this j</i> ato n. NM	orm is to be se	int)		
If well produces oil or liquids,	Unit	Sec.	Twp.	Ree	Is gas actually		When					
ve location of tanks.		i i i i i i i i i i i i i i i i i i i		Yes		i	1-19-90					
If this production is commingled with that	from any or	her lease or	pool, giv	ve comming	ling order numb	per:						
IV. COMPLETION DATA		Oil Well	, ,	Gas Well	Non Wall	Wadana	Danas	Dhua Daab	Icama Basin	bier nada		
Designate Type of Completion	- (X)	IOII MEII	' '	Gas Well	New Well	Workover 	Deepen	i Piug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pi. Ready to	Prod		Total Depth			P.B.T.D.	.1	_ 		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	Pav		Tuking Day	<u></u>			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formstion						-,		Tubing Depth				
Perforations								Depth Casing Shoe				
		MIDDIC.	C A CD	NG AND	CC) CC) PPO	IC DECOR	<u> </u>					
					CEMENTI	CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE GIEL		SING & TUBING SIZE			DEF IN SET							
								1				
··												
V. TEST DATA AND REQUE	ST FOR	ALLOW	ARIF		<u>!</u>			j				
OIL WELL (Test must be after				oil and mus	i be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	st	•			thod (Flow, pu		an eget ven					
Length of Test	T				Casing Pressu			Cross Size	MA AN EL			
Length Of Tex	Tubing Pr	essure			Casing Fresh	16			EP2 3 19	391.		
Actual Prod. During Test	Oil - Bbls	Dil - Bbls.				Water - Bbis.						
	·				! 			OIL	CON.			
GAS WELL									DIST.	<u>} </u>		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condens	me/MMCF		Gravity of C	Condensate			
Testing Method (puot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
, , , , , , , , , , , , , , , , , , , ,		•	ŕ					!		;		
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIAN	ICE					D. " " C C			
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					SEP 2 3 1991							
1 1 1 1 1 1					Date	Approve						
Sidile Talwayy							3.	0	ham/			
Signature Leslie Kahwajy Production Analyst					^{Dy}	SUPERVISOR DISTRICT #3						
Printed Name			Title	<u> </u>	Title		SUPER	AIPOR D	STRICT	#3		
9/20/91	505-	326-97				·						
Date		Tele	phone N	Ю.	Ш							

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-v completed wells.