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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

## 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

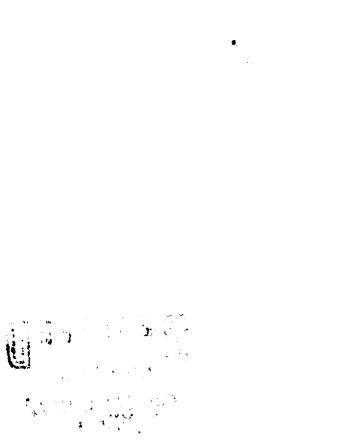
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Meridian Oil Inc.							Well A	TL! 140'			
Address PO Box 4289, Farmi	ngton.		87499	9	. <del>.</del>						
Reason(s) for Filing (Check proper box)					Ott	et (Please expia	ún)				
New Well	C)	unge in T	Ггавароги	r of:		•					
Recompletion	Oil		Dry Gas							-	
Confident observe	Casinghead G		Condense								
If change of operator give name El	Paso N	atur	al G	as Co	mpany						
IL DESCRIPTION OF WELL						12					
Leese Name Allison Unit	w	eli No. 5A	Pool Nam Bl	e, includi an <del>co</del>	Mosa V	ardo 1		if Lease Federal or Fee		2 <b>22 No.</b> 03-8	
Location I	1870				outh	· · · · · · · · · · · · · · · · · · ·	1070		East		
Unit Letter	- :		Feet From	The		e and	Fo	et From The _	East	Line	
Section 16 Township	32N		Range	7₩ 	, N	MPM, S	an Jua	n		County	
Ш. DESIGNATION OF TRAN	SPORTER	OF OI	L AND	NATU	RAL GAS						
me of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)							
			D G-					<u> </u>		7499	
Name of Authorized Transporter of Casing Northwest Pipeline	mead Gas (		or Dry G	ليدا ت	3539	e <i>eddress to wh</i> E. 30th	, Farm	inaton	. NM 8	7499	
If well produces oil or liquids,	Unit   Se		Twp.	Rge.	is gas actually connected? When						
give location of tanks.  I 16 32 7  If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA			_,								
Designate Type of Completion	- (X)	Dil Well	Gas	s Well X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi.	Ready to	Prod.		Total Depth	•		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	TUBING, CASING AND										
HOLE SIZE	CASIN	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	ļ				-			!			
								i			
V. TEST DATA AND REQUES	T FOR AL	I OWA	DIE		i			ļ			
OIL WELL Test must be after re				and must	be equal to o	exceed top allo	wable for this	depth or be j	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		·	·		ethod (Flow, pu			***		
Total ST-2								Carrier I	(A) F 11	70 60 7	
Length of Test Tubing Pressure					Casing Press	uic .		ع الرا	6 C	VE III	
Actual Prod. During Test Oil - Bbls.					Water - Bbis.			CALLACE U			
								<u> </u>	AR 2 5 19		
GAS WELL						3 A / CT		OIL	CON.	DIV	
Actual Prod. Test - MCF/D	Langth of Test				Bbla. Condensate/MMCF			Gravity of Confessate Div.			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI ODERATOR CERTIFIC	ATE OF C	ירט ארטי	IANC	<del></del>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	1			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  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						Date Approved MAR 2 5 1991					
is true and complete to the best of my knowledge and belief.						Approve	d	IAK Z D	1331		
Sun Guldwell							<i>—</i> 7	× ~	/		
Signature Pegulatory Affaire					∥ By_	By Bland					
Printed Name Title					Title	SUPERVISOR DISTRICT #3					
3-22-91	505		5-970								
Date		Telep	ibone No.		11						

## 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.



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