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

State of New Mexico
Energy, Minerais 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., Azzec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTRA	NSPO	ORT OIL	AND NA	TURAL GA					
Operator Mounidian Oil Inc. (6	Well API No.										
Meridian Oil Inc. 149	228										
P. O. <u>Box</u> 4289, Farmi	ngton,	NM 8	7499								
Reason(s) for Filing (Check proper box)					<u></u>	A (Please expla	•				
New Well		Change in	-		(Sper.	Chon	son and	2		
Recompletion	Oil Casinghead	Gas 🗀	Dry Gar Conden		Fff	ective 9	/17/91	C .	1		
If change of operator give name Unio	n Texas	Petro	oleum	P. 0	Box 21	<u>ective 9</u> 20, Hous	ton, TX	77252	2-2120		
and address of previous operator											
II. DESCRIPTION OF WELL			· · · ·				1751. 4			Nr	
Name Well No. Pool Name, lactudin Culpepper Martin (4935) 10 Basin Fruit					Charles Endament on End						
Culpepper Martin 65	25	10	Dasi	n Frui	Liana Co	<u>al 1/10/2</u>			Fee		
Unit Letter A	: 1015		Feet Fr	om The	North Lin	and 790	Fe	et From The	East	Line	
-											
Section 7 Township	31N	- 	Range		12W , N	мрм, San	Juan			County	
III. DESIGNATION OF TRANS	SPORTEI	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden				e address to wi	ick approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids,	Unit	Sec	Twp.	Ree	Is gas actually connected? When ?						
give jocation of tanks.			<u> </u>		3		i				
If this production is commingled with that if	from any other	er lease or	pool, giv	e commingi	ing order num	ber:			:		
IV. COMPLETION DATA		lou w-u		W-II	Non Wall	Wadaya	Decree	Dive Dack	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover 	Deepen	i riug back		Dui Resv	
Date Spudded	Date Compi. Ready to Proc.				Total Depth			P.B.T.D.			
	-				T						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth						
Perforations					Depth Casing Sh				g Shoe		
	TUBING, CASING AND										
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								1			
	 										
V. TEST DATA AND REQUES				- 11	he sound to no	avered top all	mahla for thi	e danda se ha	for full 24 hou)	
OIL WELL Test must be after n Date First New Oil Run To Tank	Date of Tes		oj loga e	ои ала тизг	Producing M	ethod (Flow, pu	emp, gas lift,				
	200 0. 10.	-						AK T	7		
Length of Test	Tubing Pressure				Casing Press	ire		ke Size	OCT 1 8 1991		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			1			
Actual From During Year								ON DIV			
GAS WELL	<u></u>								DIST. 3		
Actual Prod. Test - MCF/D	Length of	l'est			Bbls. Conder	mie/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	4 000	CO) F		·CE	·			1			
VI. OPERATOR CERTIFIC				NCE		OIL CON	ISERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OCT 1 8 1991						
is true and complete to the best of my i	knowledge an	d belief.			Date	Approve	d	701 T 8	וצנו		
Kenlie Kar	111121	11						_/	1 -		
Signature Maharine Balling					By Buch Chang						
Lestie Kahwajy Production Analyst					SUPERVISOR DISTRICT #3						
Printed Name 10/18/91	505	-326-9	Title 9700		Title					a &.	
Date			ephone N	io.							

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.