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 7-2293
See Instructions
at Bottom of Page

DISTRICT II

DISTRICT III

P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 8750004-2038

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I										
Operator SOUTHLAND ROYALTY CO					Well API No.					
	ALIY CO) 								
Address			7400							
P.O. Box 4289, Farm	nington, N	ew Mexico 8	1499		Other (Please e					
Reason(s) for Filing (Check proper box)					Oiner (Flease e	xpiain)				
New Well		Change in Tra	nsporter of:							
Recompletion	Oil		Dry Gas	X				į		
Change in Operator	Casinghead	Gas	Condensate							
If change of operator give name										
and address of previous operator										
II. DESCRIPTION OF WEI	L AND I	LEASE								
Lease Name	Well No.	Pool Name, Includ	ing Formation		Kind of Lease	<u> </u>	Lease No.			
HUGHES	1	FLUCHER KU	JTZ PIC. CL	IFFS	State, Feder	al or Fee	SF 075794			
Location	000		N	* *	1650	Feet From The	E Li	ine		
Unit Letter B	990	Feet From The	N	Line and	.NMPM.	SAN JUAN		ounty		
Section 23	Township		Range	11W		DUI JOUR				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil		or Condensate	X	Address (Give address to which approved copy of this form to be sent) P. O. BOX 4289, FARMINGTON, NM 87499				ait <i>)</i>		
MERIDIAN OIL INC.							of this form to be se			
Name of Authorized Transporter of Casinghea	d Gas	or Dry Gas	X	•		MINGTON, N		an,		
MERIDIAN OIL INC.	L T Tuis	Sec.	Twp.	Rge.	Is gas actually of		When ?			
If well produces oil or	Unit	; sec.	rwp.	Ngo.	l gar actually					
liquids, give location of tanks. If this production is commingled with that from	n any other less	e or nool give comm	ningling order n	umber:						
IV. COMPLETION DATA	ir adiy outer toa	o or poor, grant comm								
IV. CONFLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v 1	Diff Res'v		
Designate Type of Completion - (X)	!	t			1	! L	! 			
Date Spudded Date Compl. R	eady to Prod.		Total Depth			P.B.T.D.				
	75			Top Oil/Gas	Day	Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oll Gas		, ray Tubing Deput				
	1			L		Depth Casing Sh	oe			
Perforations	TIIR	ING, CASING	AND CEM	ENTING	RECORD	journal of the state of the sta				
HOLE SIZE CASING & TUBING :				DEPTH SET			SA	CKS CEMENT		
HOLE SIZE	Cranto a Tobato									
				}						
V. TEST DATA AND REQ	UEST FO	R ALLOWA	ABLE							
OIL WEL (Test must be after recovery of	of total volume	of load oil & must b	e equal to or ex	ceed top allo	wable for this de	pth or be for full.	24 housed to the	gra garan.		
Date First New Oil Run To Tank	Date of Test		Producing Met	nod (Flow, pu	ımp, gas lift, etc.			E		
			<u> </u>		101 - 6	\$ file				
Length of Test	Tubing Pressi	ure	Casing Pressur	e	Choke Size		UL2 3 1993	} \\\ \\\ \\\ \\\ \\\ \\\ \\\ \\\ \\\ \		
Actual Prod. During Test	ing Test Oil - Bbls.		Water - Bbls.		!Gas - MCF					
Actual Prod. During 1 est		1					CON. D	NV.		
							DIST 3			
GAS WELL								Gravity of Condensate		
GAS WELL [Actual Prod. Test - MCF/D]	Length of Tes		Bbls. Condens	ite/MMCF		Gravity of Cond				
	Length of Tes		Bbls. Condensa			Gravity of Cond		: •		
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.)	Tubing Press	ure (Shut-in)	Casing Pressur					: •		
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFI	Tubing Press	ure (Shut-in) F COMPLIA	Casing Pressur	e (Shut-in)		Choke Size	ensale	; -		
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and regular	Tubing Press CATE OI tions of the Oil	ure (Shut-in) F COMPLIA Conservation Division	Casing Pressur NCE on have	e (Shut-in)	DIL CONS	Choke Size ERVATIO	n DIVISIO	N		
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regulat been complied with and that the informa	Tubing Press CATE OI tions of the Oil	ure (Shut-in) F COMPLIA Conservation Division	Casing Pressur NCE on have	e (Shut-in)		Choke Size ERVATIO	ensale	N		
Testing Method (pitot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and regular	Tubing Press CATE OI tions of the Oil	ure (Shut-in) F COMPLIA Conservation Division	Casing Pressur NCE on have	e (Shut-in)		Choke Size ERVATIO	n DIVISIO	N		
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and regulat been complied with and that the information best of my knowledge and belief.	Tubing Press CATE OI tions of the Oil	ure (Shut-in) F COMPLIA Conservation Division	Casing Pressur NCE on have	e (Shut-in)		Choke Size ERVATIO JUL	N DIVISIO 2 3 1993	N		
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and regular been complied with and that the information best of my knowledge and belief.	Tubing Press CATE OI tions of the Oil	ure (Shut-in) F COMPLIA Conservation Division te is true and comple	Casing Pressur NCE on have te to the	e (Shut-in)		ERVATIO JUL	N DIVISIO 2 3 1993			
Testing Method (pitot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and regulat been complied with and that the information best of my knowledge and belief. Signature Susan Dolan	Tubing Press CATE OI tions of the Oil	Troduction A	Casing Pressur NCE on have te to the	Date App		ERVATIO JUL	N DIVISIO 2 3 1993			
Testing Method (pitot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and regulat been complied with and that the information best of my knowledge and belief. Signature	Tubing Press CATE OI tions of the Oil	ure (Shut-in) F COMPLIA Conservation Division te is true and comple	NCE on have te to the	e (Shut-in)		ERVATIO JUL	N DIVISIO 2 3 1993			

- 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.