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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

dsr

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

P.O. Box 2088 Santa Fe. New Mexico 87504-2088 REGEIVED

<u>DISTRICT III</u> 000 Rio Brazos Rd., Aziec, NM 874	110	Juna	4 1 C, 11CW 1VI	CALCO G75	74-2000					
•	HEQU		R ALLOWAE				- 1	IPR 14'8	g	
perator	 '	IO I HAN	SPORT OIL	AND NA	TURAL GA		API No.			
MERIDIAN OIL IN	c. 🗸							O, C, ©,		
Idress	MIDI AND	TEVEC	70705				A1	MESIA, DOTA	S.E.	
21 DESTA DRIVE,		1EXAS	79705 ————							
ason(s) for Filing (Check proper be w Well		Change in Tr	nnenostes of:		et (Please expl		. L 1 C	1 000 11	,	
completion	Oil	_	ry Gas		uest tes duction					
ange in Operator	Casinghead	_	ondensate		fs 4221-		rkway (L	e raware,	<i>)</i> •	
hange of operator give name address of previous operator					13 1664					
•									 	
DESCRIPTION OF WE	LL AND LEA		ool Name, includi	no Formation	<u></u>	Kind	of Lease		ease No.	
							NM-61582			
Unit Letter	:{	890 F	et From The No	orth Lin	e and	990 F	et From The	East	Lin	
Section 35 Town	maship 19 So	outh R	ange 29 Ea	ast , N	MPM,			Eddy	County	
DESIGNATION OF TR										
ame of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)						
Texaco Trading & Transportation ame of Authorized Transporter of Casinghead Gas X or Dry Gas				P.O. Box 6196, Midland, TX				9711		
<pre>mme of Authorized Transporter of Casinghead Gas</pre>			DIY GEE	Address (Give address to which approved copy 4001 Penbrook, Odessa, T)				0 rm is 10 be se 1762	ent)	
vell produces oil or tiquids,						When		702	-	
location of tanks.		35 [1	9-S 29-E		0	<u> </u>	nknown a	t preser	nt	
is production is commingled with COMPLETION DATA	that from any other	er lease or poo	al, give commingi	ing order num	ber:					
CONFLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Rack	Same Res'v	Diff Res'v	
Designate Type of Complet	ion - (X)									
ate Spudded Date Compi. Ready			od.	Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			ation	Top Oil/Gas Pay			Tubing Depth			
							. wing Deput			
forations					-		Depth Casir	g Shoe		
	Т	UBING, C.	ASING AND	CEMENTI	NG RECOR	D	<u>!</u>			
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
		-			<u> </u>		·			
			 -			· · ·	:			
TEST DATA AND REQU	JEST FOR A	LLOWAB	LE	<u>. </u>			<u> </u>			
	ter recovery of tol	al volume of l	oad oil and must	be equal to or	exceed top allo	wable for thi	depih or be	for full 24 hou	rs.)	
e First New Oil Run To Tank	Date of Test	t		Producing Me	ethod (Flow, pu	ump, gas lift, d	uc.)			
igth of Test	Tuhing Pres	usure		Casing Press	ıre		Choke Size			
<u></u>	Tubing Pressure			County t teaquie			CHORD DIZU			
Prod. During Test Oil - Bbls.			Water - Bbls.			Gas- MCF				
							<u> </u>			
AS WELL										
ual Prod. Test - MCF/D	Length of T	est	-	Bbis. Conden	sale/MMCF		Gravity of (ondensate		
ing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
OPERATOR CERTIF	TCATE OF	COMPT	ANCE				-			
 OPERATOR CERTIF I hereby certify that the rules and r 	=		· 	(DIL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with	and that the inform	mation given a					_			
is true and complete to the best of	my knowledge an	d belief.		Date	Approve	d	APR 1	्र ।५६७		
-0 -2 -	2) _			PP. 010	-	-	-		
Tellew S.	Trade	aw		∥ ву_		Origin	al Siene	1 Rv		
Signature D.I. Bradchau S	r. Staff F	Env /Rea	Spec	-, -		AAil	e William	ne		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

13 April 89 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

- 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.

(915) 686-5678 Telephone No.