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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

P.O. Box 2088 Santa Fe, New Mexico 8750004-2088

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

IAN 2 8 1994

| I. | | | 1018. | ANSPORT OII | L AND NATU | JRAL GAS | | 414 5 0 100 | | |
|---|---|---|---|---|---|---|---|---|---|--|
| Operator | | ····· | | *************************************** | | | | CON. | DIV. | |
| Meridian Oi | l Inc. | | | | | Well API No | 0.2905フ/ | DIST. 3 | | |
| Address P.O. Poy 40 | 90 E | | T 3.6 · | 07.400 | *************************************** | | 1.7.1 | | ······································ | |
| P.O. Box 42 Reason(s) for Filing (Check prope | t box) | mington, N | New Mexico | 87499 | <u>_</u> | 701 B | | | | |
| New Well | - | | Changa in T | · · · · · · · · · · · · · · · · · · · | c | Other (Pleas | - 1 | | | |
| Recompletion | | Oil | Change in 1 | - | ansporter of: Dry Gas Effective | | | Date 020194 | | |
| Change in Operator X | | Casinghead | i Gas | Condensat | e X | | | | | |
| If change of operator give | name | *************************************** | | *************************************** | | | | ******************************* | | |
| and address of previous op | erator | P & P Pro | oducing Inc. | | | | | | | |
| II. DESCRIPTION O |)F WE | LL AND I | LEASE | *************************************** | ************************ | *************************************** | | *************************************** | *************************************** | |
| Lease Name Jicarilla 35 | • | Well No. | Pool Name, Incl | _ | | Kind of Lease | | Lease No | | |
| Location | | Lindrith Gallup Dak | | lup Dakota \ | a West State, Fed | | eral or Fee Jic #35 | | *************************************** | |
| Unit Letter | L | 1650 | Feet form the | South | Line and | 1145 | Feet From The | West | Line | |
| Section | 35 | Township | 25 North | Range | 5 West | ,NMPM, | | Rio Arriba | | |
| III. DESIGNATION | OF TR | ANSPOR | TER OF O | IL AND N | NATURA | L GAS | | | *************************************** | |
| Name of Authorized Transporter of Oil Meridian Oil Inc. | | | | | Address (Give address to which approved copy of this form to be sent) | | | | | |
| Name of Authorized Transporter of Casingher | | and Gas Dr. Co- | | | P.O. Box 4289, Farmington, NM 87499 | | | | | |
| EPNG | r Cashighea | u Gas : | or Dry Gas | X | | Address (Give address to which approved copy of this form to be sent) P.O. Box 4990, Farmington, NM 87499 | | | e sent) | |
| If well produces oil or | | Unit | Sec. | ! Twp. | Rge. | Is gas actually connected? When ? | | | | |
| liquids, give location of tanks. | *************************************** | L L | 35 | 25N | 5W | | | | | |
| If this production is commingled w | ith that from | n any other lease | or pool, give com | mingling order | number: | | | | *************************************** | |
| IV. COMPLETION | DATA | ; Oil Well | C W II | | | ***************** | | | | |
| Designate Type of Completion - (X | 3 | Ollwell | Gas Well | New Well | i Workover | : Deepen | Plug Back | Same Res'v | Diff Res'v | |
| | | ady to Prod. | Ł | Total Depth | | | P.B.T.D. | | 1 | |
| Elevations (DF, RKB, RT, GR, etc.) | | Name of Produ | cina Formation | | TT - 07/0 | | | | | |
| | | Name of Producing Formation | | | Top Oil/Gas Pay | | Tubing Depth | 1 | | |
| Perforations | | | | | - | *************************************** | Depth Casing Sho | ne | | |
| NO. D. CATA | *************************************** | TUBI | NG, CASING | G AND CEN | IENTING | RECORD | | | *************************************** | |
| HOLE SIZE | | CASING & TUBING | | SIZE | | DEPTH SET | S. | | ACKS CEMENT | |
| | | | *************************************** | *************************************** | | *************************************** | | | | |
| V. TEST DATA AND | REOL | JEST FOI | RALLOW | ABLE | .l. <u></u> | ****************************** | *************************************** | <u> </u> | *************************************** | |
| OIL WEL (Test must be after | | | | | ceed top allo | wahle for this d | enth or he for full | A haven | | |
| Date First New Oil Run To Tank | | Date of Test Producing Metho | | | hod (Flow, pu | mp, gas lift, etc. |) | 4 nours.) | *************************************** | |
| Length of Test | | Tubing Pressure | <u> </u> | Casing Pressur | *************************************** | 101-1-0: | *************************************** | *************************************** | | |
| _ | | | • | Cashig I tessur | C | Choke Size | | | | |
| Actual Prod. During Test | | Oil - Bbls. | *************************************** | Water - Bbls. | *************************************** | .i | Gas - MCF | | *************************************** | |
| GAS WELL | <u>-</u> | ••••• | ••••• | | | ***** | | | | |
| Actual Prod. Test - MCF/D | | Length of Test | | Bbls. Condensate/MMCF | | ******************************** | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | | T.Li- D. G. | | | | | | | | |
| restarg recursor (prior, back pr.) | | Tubing Pressure (Shut-in) | | Casing Pressure (Shut-in | | | Choke Size | - martin martin martin martin | ······································ | |
| VI. OPERATOR CEI | RTIFIC | ATE OF | COMPLIA | NCE | <u> </u> | *************************************** | <u></u> | *************************************** | *************************************** | |
| I hereby certify that the rules a | nd regulatio | ns of the Oil Co | nservation Divisio | on have | 0 | II CONS | ERVATION | | . . . | |
| been complied with and that the best of my knowledge and beli- | e informatio ef. | on given above is | s true and complet | te to the | U | IL CONS | EKVAIION | 10101210 | PN | |
| | | 0 | | | Date App | roved | FEB 0 219 | 994 | | |
| Mayron / | [[0]] | Cerc | | | | | | <u> </u> | | |
| Signature Shannon McMorris | | | December 1 | _ | Ву | | $\sim \Delta$ | | | |
| Printed Name | | Production Assistan | | | Title | | | | | |
| 12/21/93 | | 505-326-9526 | | | Title | SUPE | RVISOR DIS | TRICT #3 | | |
| Date . | | ***************** | Telephone No | | | | | | | |
| INCOME AND AND | | | | | | | | | | |

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

- 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.