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

**OIL CONSERVATION DIVISION** 

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe. New Mexico 8750004-2088

WIF

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.							
operator Meridian Oil Inc			Well API No.				
Meridian Oil Inc. 30-039-0617500 Address							
}	rmington, New Mexico	87499					
Reason(s) for Filing (Check proper box)	<u></u>	····		Other (Please	explain)		<del></del>
New Well	Change in Tr		-				
Recompletion	Oil	Dry Gas		Effecti	ic o	2019	4
Change in Operator X	Casinghead Gas	Condensate					
If the second size we have		***************************************				************************	-
If change of operator give name and address of previous operator	P & P Producing, Inc	PO Ro	v 3178 ]	Midland T	X 70702_3	178	
II. DESCRIPTION OF WE		., г.О. во	X 3176, 1	viidialid, 1	X 17102-3	170	
Lease Name	Well No.   Pool Name, Inch	iding Formation	Kind of Lease			Lease No.	
Ruddock	2 Tapacito Pict	ured Cliffs		State, [Federal] or Fee		080566	·····
Location Unit Letter D	1214 Feet form the	North	Line and	994	Feet From The	West	Line
Section 3	Township 25N	Range	. 3W	.NMPM.	rect From The	Rio Arriba	
ł	RANSPORTER OF O			L GAS			<del></del>
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form to be sent)							
						,	
Name of Authorized Transporter of Casingho	ead Gas or Dry Gas	Gas X Address (Give address to which approved P.O. Box 4990, Farmington, N					sent)
EPNG	1 11-1 0	1 T		Is gas actually	<del>-</del>	When ?	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. 25N	Rge.	is gas actually	connected?	when /	
If this production is commingled with that fro	***************************************		number:				***************************************
IV. COMPLETION DATA	<u>.</u>						
	Oil Well Gas Well	New Well	Workover	: Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X) Date Spudded Date Compl.	Ready to Prod.	Total Depth	<u>.</u>	<u></u>	P.B.T.D.	. <u></u>	· 
	,	·					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tubing		Tubing Depth	)epth	
Perforations			Depth Casing Shoe				
1 CHOI ALIOLD	TUBING, CASING	G AND CEM	ENTING	RECORD	Dopar casing on		
HOLE SIZE	CASING & TUBING	SING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
							·····
W TEST DATA AND DES	MECT FOR ALLOW	ADIE	<u> </u>	***************************************			***************************************
V. TEST DATA AND REC	-			ahla fan thia di	meh ou ho fo <del>mf</del> ull	2 <del>delb</del> ourne 1	
Date First New Oil Run To Tank	e after recovery of total volume of load oil & must be equal to or exceed top allow  Tank Date of Test Producing Method (Flow, pur			imp, gas lift, etc.	)	2 3000	
<u></u>				· · · · · · · · · · · · · · · · · · ·			, 6
Length of Test	Tubing Pressure	Casing Pressure		Choke Size		FEB1 01994	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		<u>.i.</u>	Gas - MCF	58 400.00	
					6		0.443
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls, Condens	ate/MMCF		Gravity of Cond	ensate	Ü
Length of Test D		Sold Collection	DOIS. CONGENSAC/ATIVICE		Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressur	Casing Pressure (Shut-in)		Choke Size	***************************************	4
LU OPEDATOR CERTIFICA	ICATE OF COMPLIA	NCE	7		<u> </u>		***************************************
VI. OPERATOR CERTIF				M CONC	EDX/ATIO	N DIVICIO	NAT .
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the				OIL CONSERVATION DIVISION			
best of my knowledge and belief.			Date Apr	Date Approved FEB 1 0 1994			
Bill Fair					1 h V	: <del></del>	<del></del>
Signature	į			Ву			
Bill Brightman	Production Assistant			Title SUPERVISOR DISTRICT #8			
Printed Name 12/21/93	Title <b>505-326-9752</b>			SUPE	RVISOR DI	SIMICI F	
Date	Telephone No.						
— — — — — — — — — — — — — — — — — — —	2 310 pito 10 1						

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.