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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088 Sama fo, New Mexica #7504-208#

DISTRICE II P.O. Drawer DD; Antesia; NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

	HEQUES				E AND A			ION				
·)perator	10	THAIN	SFORT (ノルト	ואט ואאן	OUNT (CMS	Well A	.Pl No.			
MERRION OIL & GAS COR	RPORATION											
Address								1				
P. O. BOX 840, FARMIN	IGTON, NEW	MEXIC	0 8749	9								
(Check proper box)			insporter of:	!	Other	(Please ex	plain)					
New Well L_I	<u>-</u>	Effective 3/1/90										
Recompletion [] Change in Operator []	Oil Casinghead Ga	[X] Dr	y Gas Londonsate									
change of operator give name	Cashighead Ga	s [] CC	muchate [<u>-1</u>								
nd address of previous operator												
I. DESCRIPTION OF WELL	AND LEASE	}										
Lease Name					~				ind ox Lease No.			
Canada Mesa Com		4E Devils Fo			rk Gallup			State,	Federal of Fee	SF-07	9086	
Location												
Unit Letter F	:1520	Fe	et From The	Nor	th_Line	and 16	50	Fe	et From The	West	Line	
Section 10 Townsh	hip 24N	D.	inge 6	5W	NIN	IPM,	Rio	Arri	ha		Country	
Section 10 Towns	пр 2414		inge .		, INIV	IFIVI,	KIO	ALL I	<u> </u>		County	
II. DESIGNATION OF TRA	NSPORTER C	F OIL	AND NA	TURA	AL GAS							
Name of Authorized Transporter of Oil	[XX] or (Condensate	· []	1				-	copy of this for			
Meridian Oil, Inc.					P.O. Box 4289, Farmington, New Mexico 87499 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casi		Or Or	Dry Gas [•				
El Paso Natural Gas (li well produces oil or liquids,	Company Unit Sec	l r.	vp. F		P.O. Box 4990, Fart Is gas actually connected?			mington, New Mexico 87499 When?				
ive location of tanks.	1 F 1	:	~p. 1 F 24N 6V	- 1	s gas actiany	Yes		•	, /84			
f this production is commingled with tha		<u> </u>			g order numb	· 						
V. COMPLETION DATA	•	•						* ********	***************************************			
	[0]	il Well	Gas Wel	11	New Well	Workover	1	Ocepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			1				l_		l,		1	
te Spudded Date Compl. Ready to Pro			od.	1	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	cine Form	ation	r	op Oil/Gas P	ay			Tubing Depth			
Perforations									Depth Casing	Shoe		
				· • • · · · · ·					<u> </u>			
	1	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET				1	1		
HOLE SIZE	CASINI								SACKS CEMENT			
									-			
V. TEST DATA AND REQUI	EST FOR ALI	JOWAI	BLE									
	r recovery of total	volume of	load oil and							or full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Test			P	Producing Me	thod (Flow	, pwnp,	gas lýt, i	etc.)			
Length of Test	Tubing Pressur			_	Casing Pressu				Choke Size			
tallight of Tea	Tubing Fressur	C			Casing Pressure			*	FC	EIV	Em	
Actual Prod. During Test	Oil - Bbls.			v	Water - Bbis.				Gas- MCF	29 5 0	139	
-								;	MA FEDI	5 5 1000	٦	
GAS WELL							****		, LED	3 1990	<i>J</i>	
Actual Prod. Test - MC17D	Length of Test				libis. Conden	sate/MMCI	· -	عالمان عام ا	Gayly of G	mitentale .)[V	
									DIST			
lesting Method (pitot, back pr.)	Tubing Pressure (Shut in)			c	Casing Pressure (Shut-in)			Choke Size	(+ + + + + + + + + + + + + + + + + + +			
VI. OPERATOR CERTIFI	CATE OF C	OMPL	IANCE	- []	_	NI 00	\ I \	t> ·	ATION	20.40	~ N I	
I hereby certify that the rules and reg					(JIL U	אנ	⊏HV	I NOITA	אטועונ	NI/	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					FEB 2.8 1990							
The state of the s	Zanowienge and n	ciict.			Date	Appro	ved					
Jume / X	^						_	·	\ \	/		
Signature				-	Ву			اسداه				
Steven S. Dunn	Opera		Manage	<u>r</u>	[S	UPER	VISOR DIS	TRICT	#3	
Printed Name		า	itle		Title							
Date	(505)	J 327	-9801									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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.