Submit 5 Cooles
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQU				BLE AND			ZATION				
I. Operator		O TRA	NSPC	ORT OIL	AND N	ATUR.	AL GA		API No.			
Tnion Texas Petro	leum Co	rnorat	ion									
2.0. Box 2120 9	ouston,	Texas	s 77	252- 21.	20							
Reason(s) for Filing (Check proper box)					_ 0	ther (Pie	ase expla	in)				
New Well		Change in									•	
Recompletion	Oil Casinghead	_	Dry Gas									
If change of operator give name	Canagasa	<u> </u>	-			<u> </u>						
II. DESCRIPTION OF WELL	AND LEA											
Jicarilla "L"		Well No.		i me, includi 1up	ng Formation				of Lesse Federal or Fe		Lease No. C10	
Location			<u> </u>	/-	UTER					<u> </u>		
Unit Letter	_ :		. Feet Fro	om The	L	ine and .		Fe	et From The		Line	
₹ . ?	24	' h /	D	051	h /		\mathcal{P}_{l}	DARE	101		G	
Section S Townshi	,		Range	<u> </u>		NMPM,	1010	NRE	1134		County	
III. DESIGNATION OF TRAN	SPORTE			D NATU	RAL GAS	<u> </u>	·					
Name of Authorized Transporter of Oil Meridian Oil Inc.	or Condensate			Address (Give address to which approved P.O. Box 4289, Farming								
Name of Authorized Transporter of Casin El Paso Matural G	f Casinghead Gas or Dry Gas 🔀			Ges 🔀	Address (Give address to which approved P.O. Box 4990, Farming				copy of this form is to be sent)			
If well produces oil or liquids,	Unit	Twp.	Rge	is gas actually connected?				When ?				
give location of traks.	 		<u> </u>	1	<u> </u>							
If this production is commingled with that IV. COMPLETION DATA	From any other	R. HOUSE OL	pool, gav	e commingi	ing creer no	mber:						
Designate Type of Completion	- (X)	Oil Well	G	ias Well	New Wei	l Wor	kover	Deepea	Plug Back	Same Res'v	Diff Res'v	
		i. Ready to	L. Ready to Prod.			<u> </u>			P.B.T.D.	1		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	rmetice		Top Oil/Gas Pay				Tubing Depth			
Perforations						<u>: </u>				Depth Casing Shoe		
TUBING, CASING ANI					CEMENTING RECORD							
HOLE SIZE		ING & TU			DEPTH SET				SACKS CEMENT			
	<u> </u>				<u> </u>				1			
i	1		·					· · ·				
V. TEST DATA AND REQUES					·							
OIL WELL (Test must be after r	Date of Tes		of load o	nil and must				wable for thi mp, gas lift, d		for full 24 ho	ers.)	
Date Lile Leen Oil Kris 10 140K	Date of 168	ı			Producting !	Machine (<i>r 104, p</i> e	mp, gas sys, s	uc.,			
Length of Test	pth of Test Tubing Pressure					Cating Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.				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.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choks Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	ntions of the (that the infor	Oil Conser	vation						ATION	DIVISI	NC	
2 4 2 2 2						Date ApprovedAUG 2 8 1989						
Signatura Annette C. Bisby	Env	& Reg	Ser	ertry	Ву			مندة)			
Printed Name			Title		Titl	A		SUPERV	ISION D	ISTRIC	E#3	

INSTRUCTIONS: This form is to be filed in compliance with Rule $110^{\rm M}$

Printed Name 8-4-89

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.

(713) 968-4012

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, Tanaporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.