Substit 5 Conice Appropriate District Office DISTRICT I 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 Rottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Sama Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		UIHA	1N21	ORI OIL	ANU NA	I URAL GA					
Maridian Oil Inc	·						Well	API No.			
Meridian Oil Inc.	<u> </u>										
P.O. Box 4289, Fa	armington	n, New	v Me	xico 87	7499				80 E W W W		
eson(s) for Filing (Check proper box)			_		Oth	u (Piease expi	ain)		EIV		
w Well	Oii	Change is	Dry C	_	То	Emai + 1 ca	al Cool	M		L	
sage is Operator	Casingheed	Ges 🗌	, -		10	Fruitlar	in Coar	DE	C2 9 198	9	
hence of operator give name				<del></del>				OII C	ON	·人 青龙	
address of provious operator							·· · · · · · · · · · · · · · · · · · ·		Mc	·····	
DESCRIPTION OF WELL	AND LEA		Dogs	Nome Inches	ing Formation		Vind	of Lease	,	ease No.	
icarilla 117 E		Well No.	1		itland Co	na1		Federal or Fe	•	lontract	
cation		+	T Da.	oni ira.	crana_c	λα			TO IC	Officiaci	
Unit Letter N	:89	: 896 Feet From The			outh Line and 1700 Fo			et From The West Line			
Section 33 Towns	- 26N <b>B</b>		ingo 3W , NMPM,		Rio Arriba Comey			. C			
Section 33 Towns	1ip 26N		Rang	3 311	, N	virm,			O_AFFIDa	COURTY	
. DESIGNATION OF TRA	NSPORTE			ND NATU							
ame of Authorized Transporter of Oil		or Conde	Linia			e address to w				me)	
eridian Oil Inc.  ame of Authorized Transporter of Casi	nghead Ges		or Dr	y Gas [X]		<u>( 4289, 1</u> e eddress to w				ent)	
orthwest Pipeline Co	rmoration				P.O. Box 90, Farmin						
well produces oil or liquids, re location of tanks.	Unit N	<b>Sec.</b> 33	Twp.	6 3	is gas actual	y connected?	When	7			
his production is commingled with the					line order num	her			<u> </u>		
. COMPLETION DATA	I HOM MAY OUR	SI TOMBS OF	pece, g	hac comming	HIE GOOD BOILD						
Designation of Completion		Oil Well		Gas Well	New Well	Workover	Deepen	·	Same Res'v	Diff Res'v	
Designate Type of Completion		l Panda II		X	Total Depth	<u> </u>		[ X   P.B.T.D.	<u> </u>	<u> </u>	
-18 <sub>7</sub> 56		Date Compt. Ready to Prod. 11-08-89				4107'			3950		
evations (DF, RKB, RT, GR, etc.)	1	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
7374' GL Basin Fruitland Coal					Je 14			39361	! 3936 T Depth Casing Shoe		
928-3817								3950'	4g		
	T	UBING.	CAS	ING AND	CEMENTI	NG RECOR	ம				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
9 7/8'' 6 3/4''		7 7784 %			117' 42'				75 sx 175 sx		
0 3/4	/ _	1 1/4"				<u> </u>		1/7/2	115 SK		
TEST DATA AND REQUE					s be sound to ou	eroed top all	overble for the	ie dansk ar ha	for full 24 hou	æe ì	
IL WELL (Test must be after ate First New Oil Run To Tank	Date of Tes		of load	a ou ana mus		ethod (Flow, p			jor jai 24 nos		
	J U										
ength of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
ctuni Prod. During Test	Oil - Bbis.				Water - Bhis	•		Gas- MCF			
	Ou - pois.										
GAS WELL											
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	(Tibline De-	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
ack pressure	261 (ST)				155 (SI)						
L OPERATOR CERTIFIC			PT IA	NCE							
I hereby certify that the rules and reg							VSERV	ATION	DIVISION	אכ	
Division have been complied with an is true-end complete to the best of my			vez abo	<b>&gt;V6</b>	_			FEB 2 (	1990		
The same of the same of the	,	vous.			Date	Approve	∌d	1 [] 6 (	/ 1000 <u> </u>		
/ San Drad	Lule	L			p		7		1		
Signature			mz A	ffairs	By_	· · · · · · · · · · · · · · · · · · ·			8		
Peggy A Rradfield Primed Name			Title		Title	)	SUPE	RVISOR	DISTRICT	#3	
12-27-89	3	26-972	2.7	. No							
Date		Tel	lephone	170.	51						

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

- 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: