Submit 5 Copies
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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

	31/41
TO TRANSPORT OIL AND NATURAL (GAS
REQUEST FOR ALLOWABLE AND AUTHOR	RIZATION

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Operator Heridian Oil Inc.									Well A	API No.			
Address P. O. Box 4289, Farm	nington,	NM 87	7499									_	
Reason(s) for Filing (Check proper box)				□ 0	her (P	lease expla	tin)			·		
New Well		Change in	Transp	orter of:									
Recompletion	Oii		Dry G	_	Nam			£	د 1	:	11 // 2		
Change in Operator	Casinghea	d Gas	Conde	ante	m.sv	e cr	ianged	Tro:	m J	icarilla	H #3 -		
change of operator give name address of previous operator							<u> </u>						
L DESCRIPTION OF WEL	L AND LEA	ASE			~								
Jase Name Jicarilla 103				Name, Includi uth Blai			ed Cli	3		of Lease Federal or Fed	_	ease No.	
Location	165	i0		S	outh=L		99	0	_		West	•.	
1 O	:	_,		21	,		·	Arr		et From The		Line	
- 10WE			Range			NMPN	4 , 110	ALL	Ιυα		···	County	
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil		R OF O or Conde		ND NATU	RAL GAS Address (G	ive ad	dress to wi	tich ap	proved	copy of this f	orm is to be se	ent)	
Meridian Oil Inc.	<u>. </u>				P. J.	Box	4289,	Far	ming	gton, NM	87499		
Name of Authorized Transporter of Cau	•		or Dr	y Gas 💢	1					copy of this f		ent)	
Gas Company of New M			1.5							<u>ield, NM</u>	8/413		
f well produces oil or liquids, ive location of tanks.	Unuit 	Sec.	Twp.	Kge.	ls gas actua	шу со	nnected!	i	When	:			
this production is commingled with the V. COMPLETION DATA	at from any oth	er lease or	pool, g	ive comming	ling order mu	mber:							
	- 00	Oil Wel	1	Gas Well	New We	ı W	orkover	Dec	pen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic Date Spudded	Date Com	pi. Ready t	o Prod.		Total Dept	 h		<u> </u>		P.B.T.D.			
ייי איי איי איי איי איי איי איי איי איי	N CB				Top Oil/Ga	e Pav		-		7.1.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay					Tubing Depth			
Perforations									Depth Casing Shoe				
	7	UBING	CAS	ING AND	CEMENTING RECORD					<u></u>			
HOLE SIZE	CA	SING & T	UBING	SIZE	DEPTH SET					SACKS CEMENT			
					<u> </u>					 		 -	
					1					·		 -	
•													
. TEST DATA AND REQU													
OIL WELL Test must be afte			of load	oil and mus							for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	SI.			Producing	Metho	d (Flow, pi	ump, ga	is lift, i	elc.)			
Length of Test	Tubing Pre	SRIPE			Casing Pre	ssure	* H	F W	- 1/4	Carke Size			
-	1 4 5 1 1				1		 	····>		(1)			
Actual Prod. During Test	Oil - Bbls.				Water - Bt	ls.		331		Gas- MCF			
GAS WELL	· · ·							ı. t.	11.00	· <u> </u>			
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Cond	lensate	MMGF.	3		Gravity of (Condensate		
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					Choke Size			
esting Method (pitot, back pr.)	luoing Pri	essure (Sau	u-m)		Casing Fit		(3114- 111)			GIOLE SIE			
VI. OPERATOR CERTIF	ICATE OF	COM	PLIA	NCE				105	D) /	ATION	DIVICIO		
I hereby certify that the rules and re	_				1	U		コクト	ΗV	ATION	אפואות	אוע	
Division have been complied with a is true and complete to the best of n				ve	D-	+	nnrove	nd.	W	IAR 13	1991		
Lan:	Lah.	ו מנו	iXI		∥ ∪a	IB A	pprove						
Signature 9	juru		*	·	Ву			3.	يار ن) el			
Leslie Kahwajy Printed Name	Pro	oducti	Or U A Title	nalyst				SUF	PERV	ISOR DI	STRICT :	e e	
3/8/91	505	5-326-			Tit	. —							
Date	· — — — — — — — — — — — — — — — — — — —	Tel	ephone	No.	-								

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.