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Appropriate District Office
DISTRICT J
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

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Pe, New Mexico 87.

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l. Operator	AND NATURAL GAS				Vell API No.									
MERRION OIL & GAS COR	ΡΟΒΑΤΤΟ'	N												
Address	OIGNITO	· · · · · · · · · · · · · · · · · · ·												
P. O. BOX 840, FARMING	GTON, N	EW MEX	KICO	87	7499									
Reason(s) for Filing (Check proper box)						Othe	r (Please	explai	n)					
New Well	(Change in			of;	ret.				1002				
Recompletion	Oil	(X)	Dry (Gas					gust 1,			•		
Change in Operator X	Casinghead	Gas 🗌	Cond	lensate		01d	Oil :	Fran	sporato	r: Gary	7 Willi	Lams		
If change of operator give name and address of previous operator Mobi	1 Oil C	orpora	atio	n. F	2.0.	Box 633,	Mid	land	. Texas	79702				
II. DESCRIPTION OF WELL A			,											
Lease Name	[n g Formation Stured Cl	1:cc_			of Lease Federal <u>xix</u> Fes	, sr.	Lease No. -079995-A		
Featherstone Federal		1	l Gav	/114	1 110	-tureu C	LIIIS		2878781					
Location Unit LetterA	990		Fect	From 7	lheN	orth Line	and	500	Fe	et From The	East	Line		
Section 19 Township	26N		Rang	e.	2W	. NA	ирм,	Ri	o Arrib	а		County		
				•										
III. DESIGNATION OF TRANS				ND N	IATU	RAL GAS			ah anna a	Lagran of this fo	in to h			
Name of Authorized Transporter of Oil X or Condensate						Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499								
Meridian Oil Company Name of Authorized Transporter of Casing	head Gas X or Diy Gas									copy of this fo				
Northwest Pipeline	IKAU GAR	LAJ	טוט	19 025	L					ake City		84158-09		
If well produces oil or liquids,	Unit	Sec.	Twp		Rge.	is gas actually			When		,			
give location of tanks.	A	19	26		2W	Yes			i	1979				
If this production is commingled with that f	rom any othe	er lease or	pool,	give co	nmingl	ing order numb	er:							
IV. COMPLETION DATA	-		•	-	_									
Designate Type of Completion	· (X)	Oil Well		Gas	Well	New Well	Worko	ver	Deepen	Plug Back	Same Res	'v Diff Res'v		
Date Spudded	Date Compl	I. Ready to	o Prod		····	Total Depth	I	l		P.B.T.D.	1			
						PRETEXTORES	h======							
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	onnati	on		Top Oil/Gas I	ray .			Tubing Dep	th			
Perforations	L					L				Depth Casin	g Shoe			
					 -									
	,T	TUBING, CASING AND					CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT					
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						ļ								
V. TEST DATA AND REQUES	T FOR A	HOW	ĀRI.	E		J				_1				
OIL WELL (Test must be after re					nd must	he equal to or	exceeds	on alla	unhle for th	is depth or be	for full 24	hours)		
Date First New Oil Run To Tank	Date of Tes		0) 100	14 VII 4	7114	Producing M	***				101 Jul 24			
	240 01 100	-					,		1.0					
Length of Test	Tubing Pres	ssure				Casing Press	nie			Choke Size				
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF				
								en. Fil	D FOR	1 179 19 17		<u>.</u>		
GAS WELL	*			· · · · · · · · · · · · · · · · · · ·					可じて					
Actual Prod. Test - MCF/D	Length of I	l'est		···		Bbls. Conden	sate/MN	ICF -		Gravity of C	2.4	<u> </u>		
								ري .ت. ج	· AH	199	2			
lesting Method (pitot, back pr.)	Tubing Pres	ssure (Shu	it·in)			Casing Press	ire (Shui	in)		Choke Size				
								2	F 4			•		
VI. OPERATOR CERTIFIC	VLE OE	COM	DIIA	NIC		1				* 1 - T				
I hereby certify that the rules and regula					Ľ		OII. C	ΩÑ	SERV	ATION	DIVIS	ION		
Division have been complied with and i									02					
is true and complete to the best of my						Data			. Δ	IIG 1 0 1	വാ			
$\mathcal{O}_{\mathcal{M}} \cap \mathcal{M}$,		/			Date	Appi	0000	ı	UG 191	33 2			
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Signature	- DC	ン				By_			منده) d				
Esther J. Greyeyes		perati			<u>h</u>	H		,				.		
Printed Name	(505) 3	Tide - 327		l	Title				ISOR DIS	HICT	13		
8/18/92 Date			ephon											

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.