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

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM §8210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa 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 Operator Well API No. Meridian Oil Inc.

P. O. Box 4289, Farm	ington,	NM 87	7499							
lesson(s) for Filing (Check proper box)				X Oth	es (Please ex	plain)	· · · · · · · · · · · · · · · · · · ·	-	
w Well	0 11	Change i	n Transp							
ecompletion	Oil Carinob	ead Gas	Dry G	_	Well na	mo chan	and from	licanil	11 ₂ U #0	
change of operator give name	- Canago	ESC CAS			werr na	ille Chan	iged from	olcari	IIa H #9	
d address of previous operator										
DESCRIPTION OF WEL	L AND LI	EASE								
sase Name		Well No	Pool N	ame, includi	ng Pommuon	<u> </u>	Kind	of Lease	L	ess No.
licarilla 103		9			Pictured	Cliffs	State,	Federal or Fe	C103	
ocation							•			
Unit Letter A	:	_8 25	_ Feet F	rom The N	orth Lin	e and8	<u> 25 </u>	eet From The .	East	Lin
a .: 17 a		OCN		A :	-	_	· · · · · · · · · · · · · · · · · · ·			
Section 17 Town	thip	<u> 26N</u>	Range	4	<u>W</u> , N	MPM, R	<u>lio Arrib</u>)a		County
. DESIGNATION OF TRA	NSPORT	ER OF C	II. AN	D NATII	RAI. GAS					
ume of Authorized Transporter of Oil		or Conde		<u>- Ж</u> 1		e address to	which approved	copy of this f	orm is to be se	RE)
eridian Oil Inc.				نت	P. O. B	ox 4289	. Farmin	aton. N	1 87499	
ame of Authorized Transporter of Car	-		or Dry	Gas X			which approved			
as Company of New M				_,	P. O. E	ox 1899	. Bloomf		4 87413	
well produces oil or liquids, e location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When	1 ?		
	<u> </u>	<u> </u>								
nis production is commingled with the COMPLETION DATA	at irom any c	XDer lease o	r pool, gr	ve commingi	ng order num	ber:				
Designate Type of Completic	on - (X)	Oil We	II 1	Gas Well	New Weil	Workover	Deepen	Plug Back	Same Res v	Diff Res'v
te Spudded	Date Cor	mpi. Ready	o Prod.		Total Depth	I		P.B.T.D.	L	- 1
evations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
rforations					!			Desir Colle	- ~ .	
								Depth Casin	g Snoe	
		TUBING	, CASI	NG AND	CEMENTI	NG RECO	RD	·		
HOLE SIZE	C	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·					;					
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					· :	 .		·		
TEST DATA AND REQU	EST FOR	ALLOV	ARLE							
LWELL Test must be afte				oil and must	be equal to or	exceed top a	llowable for thi	is depth or be t	for full 24 hou	r s .)
ite First New Oil Run To Tank	Date of T		•				pump, gas lift, i		<u> </u>	
	i					** # ** F	* 8 TA 9*			
					11 7 7			1171		
ngth of Test	Tubing P	ressure			Casing Cas			Char Size		
	Tubing P				Casing Production Water - Bbis.	MARI	3 1991	Gas- MCF		
			·		<u>UU</u>			Gas- MCF		
nual Prod. During Test					<u>UU</u>		3 1991 17 DIV	Gas- MCF		
AS WELL		S.			Water - Bbla	il CO	N. DIV	Gas- MCF	Condensate	
ingth of Test Chail Prod. During Test AS WELL Causi Prod. Test - MCF/D	Oil - Bbl	S.	.,,,,		<u>UU</u>	il CO	N. DIV	Gas- MCF	Condensate	· · · · · · · · · · · · · · · · · · ·
nual Prod. During Test AS WELL	Oil - Bbi	S.	g-in)		Water - Bbla	PIL CO	N. DIV	Gas- MCF	Condensate	× .
AS WELL As Prod. Test - MCF/D	Oil - Bbl Length o	f Test ressure (Shi		ICE	Water - Bbis.	PIL CO	N. DIV	Gas- MCF	codensate	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

is true and complete to the be	st of my knowledge and belief.
Si gnatur Leslie Kahwajy	Product ion nalyst
Printed Name	Title
3/8/91	505-326-9700
Date	Telephone No.

MAR 1 3 1991 Date Approved

SUPERVISOR DISTRICT #3 Title.

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.