Submit 5 Copies
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 Bottom of Page

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

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

I		TO TRA	ANSP	ORT OI	L AND NA	TURAL G.	AS				
O <del>pensor</del> Meridian Oil Inc.	Well API No.										
Address P. O. Box 4289, Farmi	ngton,	NM 8	 7499				·				
Reason(s) for Filing (Check proper box)					V Out	et (Please expl	ain)		<del></del> .		
New Well		Change is	Transc	oner of:	<u> </u>	(• •	,				
Recompletion	Oil		Dry G							İ	
Change in Operator	Casinghe	d Coa	Conde	_	Hell	nama aha	ngod for	om linou		<b>"11</b>	
	Саминулы	d Cas			ne i i	name cha	nged in	JIII OTCAY	'illa H' ?	711	
If change of operator give name and address of previous operator					<u> </u>				<del></del> .		
IL DESCRIPTION OF WELL	AND LE	ASE									
Lease Name			Pool N	iame, includ	ing Fermation		Kind	of Lease		ease No.	
Jicarilla 103		11 Blanco Mes									
Location		!	1 510	anco ne	3u ver de		<u> </u>		1 0103	<del></del> -	
- [		1450			llonth	7	90 =		1.1	İ	
Unit Letter	- :	1750	_ Feet F	rom The	lorth Lin	e and		et From The	West	Line	
Section 18 Township	<b>7</b>	26N	Range		4W , <b>N</b>	<b>MPM,</b> R	io Arrit	oa		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ID NATI	RAL GAS						
Name of Authorized Transporter of Oil		or Conde				e address to w	hick approved	come of this fo	orm is to be se	et)	
Meridian Oil Inc.	نــا		-	$\overline{\mathbf{x}}$	1	Box 4289	• • •				
Name of Authorized Transporter of Casing	Gas X										
Gas Company of New Me					!			ed copy of this form is to be sent)  mfield. NM 87413			
If well produces oil or liquids,	1		1.7						M 8/41:	3	
ni went produces on or inquion,	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When	?			
			<u> </u>		!						
If this production is commingled with that i	from any oth	er lease or	pool, gi	ve comming	ling order num	ber:					
IV. COMPLETION DATA											
Designate Town of Completion	an.	Oil Wei	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)				I	1		L	1	1	
Date Spudded	Date Com	pi. Ready i	Prod.		Total Depth	Total Depth			P.B.T.D.		
Element OF DEEP PE CD	1				Ter Office	T Oil/Coo Pou					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay Tubing Depth					
Perforations								Dest Cari	- 65		
				Depth Casing Shoe							
								1			
					CEMENTI	NG RECOR	<u>D</u>	<del> </del>	<del></del> -	i	
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
									İ		
					·						
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE								
OIL WELL Test must be after re	ecovery of to	stal volume	of load	oil and musi	be equal to or	exceed top alle	owable for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te		<del></del>			ethod (Flow, pr					
		-				<b>***</b>	8 30 62	633			
Length of Test	Tubing Pressure				Casing Tries	INC IN IC		Ladde Size			
					n/						
Actual Prod. During Test	Oil - Bbls.				Water Bbis	14.5.	1001	Gas- MCF			
	;					MAR1	3 1991			į	
						W CO	N DIV	1			
GAS WELL		C		N. DIV							
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conder	HE MYSES	7. 3	Gravity of C	ondensate		
					1	2 10	•	447-44-4	-	`.	
Testing Method (pilot, back pr.)	Tubing Pre	saure (Shu	l-in)		Casing Press	ire (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	OT TAR	VICTE .							
				1CL	(	DIL CON	<b>ISERV</b>	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					1						
is true and complete to the best of my knowledge and belief.					11	•	. **	IAR 13	1001		
					Date	Approve	d	וטוז ד ח	ios i		
FONIO KAMINIU							_	A			
Signature Trucket					∥ By_	By July de					
Leslie Kahwajy Producto Analyst					-, -						
Printed Name			Title	<u> </u>			SUPERV	ISOR DIS	STRICT #	3	
3/8/91	505	5-326-9			Title						
Date			phone !	Vo.	li						
					<u> </u>						

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.