Appropriate District Office
DISTRICT 1
F.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Form C-104	1
Revised 1-1-19	
See Instructions	J 3 / "
at Bottom of Page	, ·
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	× 2

DISTRICT E P.O. Drawer DD, Astonia, NM \$8210	•			. Box	2088	4-2088	14	1	, ′		po C	254	V
DISTRICT III 1000 Ria Brazos R.A., Aziec, NIM 87410		_	_			UTHORIZ		/ 	7			•	
L. Operator		O TRAI	SPORT	OIL	AND NAT	URAL GA		TAPIN	10			٦	
MERIDIAN OIL INC.										39-10	2205	\$	
P. O. Box 4289, Farm	ington,	New Me	xico (	3749								_	
Reason(s) for Filing (Check proper box) New Well		Change in 1	Pransporter of:			(Please exple		1	bo				
Recompletion	OE	<u> </u>	Dry Out	]	64	tect	6/0	23/	40				
Change in Operator X			Condensate										
and address of previous operator Uni	on lexas	retro	leum Co	rpor	ation,	P. O. E	ox 212	20, 1	lousto	n, IX 7	<u>/252-212</u>	30	
IL DESCRIPTION OF WELL Lance Harm	AND LEA		David Manage 1a	-A	- P			4 - 4 7 -		<del></del>	ase No.	٦	
JICARILLA "F	н	5	Pool Name, la BLAN	CO	MESAVERI	DE		d of La La, Féde	and Tal or Fee	ci	.07		
Location	121	130			\	1111				111		1	
Unit Letter	261		Feet Prom 11st			RI	O ARRI	•	om The		Line		
Section 33 Towns	utp 201	•	Range		, N0	IPM, NI					County		
III. DESIGNATION OF TRA	NSPORTE			TUE							<del></del>	<del>-</del> 7	
Nums of Authorized Transporter of Oil Meridian Oil Inc.	$\square$	or Condens	<b>7</b> ⁄2□			ox 4289,							
Nume of Authorized Transporter of Casi			or Dry Gas (	$\overline{\mathbf{x}}$	Address (Giv	e address to w	hich approv	red cop	y of this fo	rm is to be se	ne)	7	
Gas Company of New Me		5455	30			ox 1899,			ld, NM	8741	3		
If well produces oil or liquids, give location of tanks.	Unak	Sec.	Twp.	Rga.	is gas actually	y connected?	Wa	uma T					
If this production is commingled with the	t from any oth		·	mingli	ng order aumi	ber:							
IV. COMPLETION DATA		Ou Wat	S C Cas W		New Well	Workover	Despes	, PI	ne Rack	Same Res'v	Diff Res'v	٦	
Designate Type of Completio	n - (X)	1			1444 4441	I	Location	Ĺ.			<u> </u>		
Date Spudded	Dete Com	pl. Ready to	Prod.		Total Depth			P.J	B.T.D.				
Elevations (DF, RKB, RT, GR, stc.)	Name of P	roducing Fo	rmation		Top Oil/Gas	Pay	<u>.</u>	Tubing Depth				7	
Performices	l							D	pth Casin	g Shoe		7	
		TIDDIC:	CASING (	MT	CENENT	NO RECOR	10					4	
HOLE SIZE	<del></del>		IBING SIZI:	עוט	CEMENTI	NG RECOR				SACKS CEM	ENT		
								$\Box$				4	
						· · · · · · · · · · · · · · · · · · ·						-	
												_]	
V. TEST DATA AND REQUI					he souel to o	r exceed top al	launhia far	this de	nek ar be	for full 24 hos	es)		
Date First New Oil Run To Tank	Date of To	-	9 200 02 6.5			lethod (Flow, p						7	
1-4-77-4	711.0				Carina Bress			IO	hake Size				F. 6.4 A.
Length of Test	Tubing Pr	EESLING			Casing Press	ិ តែ	n e (	CE	IA	E IN		1 4700	7.23-8
Actual Prod. During Test	Oil - Bhia				Water - Bbli	· li	1	G	as- MCF	ש		· ·	
					<u> </u>	<u> </u>	<del>" JU</del>	با	<del>3 1990</del>				
GAS WELL Actual Froit Test - MCF/D	Length of	Test			RMs Conde	a easte/MIMCF	<b>AII</b>		No O	Mention .		<b>-</b>	
					1		OIL '	DIK	T. 3	~ -4			1. 22.60
Testing Method (pilot, back pr.)	Tubing Pr	recente (Shu	t-in)		Casing Pres	nure (Shut-in)		- 10	hoke Size				
VI. OPERATOR CERTIF	CATEO	F COMI	LIANCE		1								
I hereby certify that the rules and re	pulations of th	Oil Conse	rvation			OIL CO	NSEH	IVA	TION	DIVISI	JN		
Division have been complied with a is true and complete to the best of a			es spows		Dot	o Aonrou	od .		JUL	0 3 199	)		
Lashin	Il.	Kin	1111		Dat	e Approv	eu			1		<del></del>	
Same	1 ja	iw	<del>yy-</del>		Ву			3.	<u>ر ب</u>	du	<u> </u>		
Leslie Kahwaji	Prod		. Superv		7		;	SUPE	ERVISO	RDISTR	ICT #3		
6/15/90			326-9700	)	Title	9	<del></del>					_	
Date:		Tal	lambana Na		11								

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   Separate Form C-104 must be filed for each pool in multiply completed wells.

## State of New Mexico Energy, Minerals and Natural Resources Department

## DISTRICT II P.O. Drawer DD, Assesia, NM 18210

OIL CONSERVATION DIVISION
P.O. Box 2088
Sansa Re New Mexico 87504-2088

HSTRICT III 000 Rio Brizzos Rd., Aziec, NM 87410		u re, new mex								
, , , , , , , , , , , , , , , , , , ,		R ALLOWABL NSPORT OIL A			S					
Spensor MERIDIAN OIL INC.					Wall Va	1 No.				
Address P. O. Box 4289, Farmin	gton, New Me	xico 8749	9							
Resecuts) for Filing (Check proper box)	<u> </u>		Other (Pla							
New Well		Transporter of:	Effec	. 1	6/23	190				
	_	Dry One U	C1+C		4/00	7 10				
	Casinghead Gas						TV 77	252 2120		
me success of heaven observe		oleum Corpor	ation, P.	O. Bo	ox 2120,	Housto				
L DESCRIPTION OF WELL A		Pool Name Jacketing	Formation D. T.T.U	LCALL	ID Kind of	Lease	C107	an No.		
JICARILLA "F"	5	J. BAKUTA,	W. LINDRI IN Va Elizzi 10a	Katin	State, E	ederal or Pos	107			
Location Unit LetterF	. 1730	Feet From The	Line and	N	5_ Fee	t From The _	W	Line		
Section 33 Township	26N	Ranco 04W	. NMPM.	סזמ	ARRIBA			County		
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	OF Conde	LL AND NATUR	AL GAS Address (Give add	ress to wh	ick approved	copy of this fo	rm is so be sen	4)		
Meridian Oil Inc.	<u> </u>	//	P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)							
Nume of Authorized Transporter of Casing Gas Company of New Mex	read Ges 🖂	or Dry Gas [ ]	Address (Give add P. O. Box	1899,	Bloomfi	ield, NM	87413	3′		
If well produces oil or liquids, give location of tenks.	Unit Sec.	Twp. Rgs.	is gas actually con	sected?	When	7				
If this production is commingled with that fi	rom say other lease or	pool, give commingti	ng order number:							
IV. COMPLETION DATA	Ou Wat	Cei Well	New Well We	ork cover	Doepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -			i				<u>i</u> _	J		
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	formation	Top Oil/Ges Pay			Tubing Depth				
Perforations	L					Depth Casing Shoe				
	TUBING	, CASING AND	CEMENTING	RECOR	D					
HOLE SIZE		UBING SIZE		PTH SET		<u> </u>	SACKS CEM	ENT		
	<b> </b>	· · · · · · · · · · · · · · · · · · ·								
	T FOR ALL OV	ADI E				ــــــــــــــــــــــــــــــــــــــ				
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ecovery of total volum	ADICE e of load oil and must	be equal to or exc	zed top all	lowable for the	is depth or be	for full 24 hou	rii)		
Date First New Oil Run To Tank	Date of Test		Producing Metho	d (Flow, p	ump, gas lift,	etc.)				
Length of Test	Tubing Pressure		Casing Pressure		D) E	GE PAE W				
Actual Prod. During Test	Oil - Bbis.		Water - Bbls.	·	M	Gu-MCF	<del>U</del>			
	<u> </u>		<u> </u>				DIVI			
GAS WELL Actual Frod. Test - MCF/D	Length of Tost	<del></del>	Bbls. Condensate	MMCF	- OIL	Guille of	Condensate			
750000 11000 1000				78 - 1-5	<u>.</u>	DIS1.	<u> </u>	Emire :		
Testing Method (pitot, back pr.)	Tubing Pressure (S	Casing Pressure	(2011-IN)		J					
VI. OPERATOR CERTIFIC			O	LÜÜ	NSERV	À HON	DIVISI	ON		
I hereby certify that the rules and regularity by the Division have been complied with and	OIL CONSERVATION DIVISION JUL 0 3 1990									
is true and complete to the best of my	Encuriodge and belief	•	Date A	Approv	ed	001	, <del>0 0 133</del>	<u> </u>		
Alshe F	Kahwa	By Bu Chang								
Leslie Kahwajy					SUPERVISOR DISTRICT					
Printed Name 6/15/90		)326-9700	Title_				-			
Date		Telephone IVo.					1	المراجعين		

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