Submit 5 Conies
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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Uperator Union Texas Petr	-1			<u> </u>		TOTIALO	Well	API No.			
Address	oleum Co	ornora	tion								
	<sup>4</sup> ouston	, Texa	s 7	7252-21	.20						
Reason(s) for Filing (Check proper box) New Well		Change is	Too	and an of	Out	et (Please exp	iain)	·····			
Recompletion	Oil	V.	. ,								
Change in Operator	Casinghea	ud Gas 📃	•								
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE	CR	MANCO							
Lease Name		Well No.   Pool Name, include			- \			of Lease		Lease No.	
Jicarilla "J"		10E	WM	esaverd	le )		State	Federal or Fe	* <u>C</u>	153	
Unit Lener			F								
-'-	_ :	. 1	_ reat r	rom The	LiB	e and		set From The		Line	
Section 26 Townsh	ip 20	2 N	Range	$\frac{3}{2}$	$\sim$ , N	MPM, K	210 A	RRIBA		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	II. AN	ID NATI	RAL GAS						
Name of Authorized Transporter of Oil		or Conde			Address (Giv	e address to w				mt)	
Meridian Oil Inc					P.O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casis Gas Company of N	em Mexic	co	or Dry	Gas X	P.O. F	Box 1899,	<b>hich approve</b> Bloom f	copy of this p	form is to be se M 87413		
If well produces oil or liquids,	Unit			Rge	. Is gas actually connected?			When ?			
give location of tanks.	11	·	1				i				
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, gi	ve comming	ling order num	ber:					
TV. COM EDITOR DATA		Oil Well	<del></del>  -	Gas Well	New Well	Workover	Doepen	Dhua Baak	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		İ		1		Deepen	riug beck	Dentile Mes A	j	
Date Spudded	Date Comp	i. Ready to	o Prod.		Total Depth		,	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	mercine F			Top Oil/Gas	Pav					
, ,,,,,,,,,,,,	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					,		Tubing Depth			
Perforations					<del></del>		<del></del>	Depth Casin	g Shoe	<del></del>	
		TIDDIC	CASI	NC AND	CTA CTA TO	VO BECOR					
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				CEMENII	DEPTH SET		SACKS CEMENT			
						DEF III DE I		GRONG CEMENT			
										<del></del>	
·	·				·	<del></del>	··				
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		<del></del>			<u> </u>			
OIL WELL Test must be after t					be equal to or	exceed top alle	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	<b>t</b>			Producing Me	ethod (Flow, pr	ump, gas lift, d	uc.)			
Length of Test	Tubing Pres	LSJ178			Casing Press	ire .		Choke Size			
Actual Prod. During Test	Oil - Bbls.	· · · · · · · · · · · · · · · · · · ·			Water - Bbis.			Gas- MCF			
	*							·			
GAS WELL Actual Prod. Test - MCF/D	Length of	Toet			Bbls. Conden	A B //-T					
The local description	: Leagur Or 1	CSI			BOIL CONGES	MMCF		Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Press.	ire (Shut-in)	W-11	Choke Size			
	1				!						
VI. OPERATOR CERTIFIC				NCE		DIL CON	ICEDV	ATION		. N. I	
I hereby certify that the rules and regul Division have been complied with and	ations of the that the information	Oil Conser mation siv	vation en abov	•			NOET V	A HON	טופוזיום	4N	
is true and complete to the best of my i	knowledge an	d belief.		-	Date	Annrova	d i	NIC O O	1000		
/: · 14	1 /	, ,			Dale	Approve	· ·	106 20	<del>1989</del>	<del></del>	
Signature C. Boke					By_		3	) d			
Annette C. Bisby Env. & Reg. Secrtry					-,-		Allonous	TOTAL D	6 CODIAN		
Printed Name 8-4-89	(7	13)968	Tide 8-401	12	Title	<del></del>	GUPERY.	raton DI	STRICT	, o	
Date			phone i								
					· · · · · · · · · · · · · · · · · · ·						

#### 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.

Submit 5 Cones
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P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I</u>		OTRA	NSP	ORT OIL	AND NA	TURAL GA						
Operator Vinion Texas Petro	leum Co	rnorat	tion				Well A	PI No.				
Address					<del></del>					<del>,</del>		
	ouston,	Texas	s 7	7252-213		- (5)						
Reason(s) for Filing (Check proper bax) New Well		Change in	Transp	orter of:	Our	t (Please expla						
Recompletion	Oil		Dry G	_						•		
Change in Operator	Cannghead	Gas _	Conde	ame _		·						
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LEA	SE	CP	ASIN								
Lease Name	Well No.   Root Name, Including				ng Formation			í Lease	1	Lease No.		
Jicarilla "J"		10E	IV	(Dakota)	)	· · · · · · · · · · · · · · · · · · ·	State.	Federal or Fed		2153		
Location //							_			!		
Unit Letter/V	:	1	. Feet F	rom The	1	and		et From The	<del></del>	Line		
Section 26 Township	۱۱ کاک		Range	05	W <sub>N</sub>	ирм, ⊱	210 A	RRIBA	· · · · · · · · · · · · · · · · · · ·	County		
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Condes			Address (Giv	e address to wh				nt)		
Meridian Oil Inc.  Name of Authorized Transporter of Casing	hand Ger		~ ~	Gas X	<del></del>	ox 4289,						
Gas Company of Ne		20	or <i>U</i> rj	, <b></b>		e address to whox 1899,				<del>~</del> /		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When	?				
give location of tanks.							i					
If this production is commingled with that f  IV. COMPLETION DATA	rom any our	er nemme or	poor, g	As committed:	raf orner arms			<del></del>		<del></del>		
	<i>a</i> n	Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion - Date Spudded	Date Comp	Perdy to	Perot		Total Depth	<u> </u>	L	IBBTD	L	<u></u>		
Date Spanner	Comp	. May k	J 1 10L					P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	ormatio	0	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations							· ·	Depth Casing Shos				
									•			
	T	UBING,	CAS	ING AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CAS	ING & TI	UBING	SIZE		DEPTH SET			SACKS CEMENT			
					1							
	:				1			·				
V. TEST DATA AND REQUES	T FOD A	1100	ADIE		·	· · · · · · · · · · · · · · · · · · ·		<del>:</del>				
V. TEST DATA AND REQUES OIL WELL — (Test must be after ri					be equal to or	exceed too allo	owable for thi	s depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes		-7			sthod (Flow, pu			<u> </u>			
	!				Cosine Descri		<del></del>	Choke Size				
Length of Test	Tubing Pre	STILE			Casing Press	TLE.		in the state				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis			Gas- MCF				
	: :											
GAS WELL					180 0 1							
Actual Prod. Test - MCF/D	Length of	est			Bbis. Conder	MMCF		Gravity of C	CROCHELE			
Testing Method (pilot, back pr.)	Tubing Pre	saure (Shu	t-m)		Casing Press	use (Shut-in)		Choke Size		1		
					¦				· ····			
VI. OPERATOR CERTIFIC				NCE		OIL CON	JSERV	ΔΤΙΩΝ	DIVISIO	M		
I hereby certify that the rules and regular Division have been complied with and				ve	'		NOLI I V	AHON	DIVIOIC	/I <b>V</b>		
is true and complete to the best of my i				-	Date	Approve	d	Alig 2.8	1990			
(: #A	1 /2	2 /				·	,					
Signature C. Boka					∥ By_			.) e	0			
Annette C. Bisby Env. & Reg. Secrtry							SUPERV	ISION D	ISTRICT	# 3		
8-4-89	(	713)96	Tide 8-40	12	Title	}			_	=		
Date		Tel	iephone	No.								

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