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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos RA., Astec, NM 87410

DISTRICT II P.O. Drawer DD, Assaila, NM \$8210

RECUEST FOR ALLOWARLE AND ALITHORIZATION

•	1			ORT OIL	AND NAT	TURAL (BAS	,					
TO TRANSPORT OIL AND NATURAL GAS MERIDIAN OIL INC.							Wall API No.						
Addres P. O. Box 4289, Farmin	gton,	New Me	exic	o 8749	9								
Reson(s) for Filing (Check proper box)			_		☐ op	K (Please es	plant)					
New Well	OII	Change in	Transp Dry G			- E.	R	2c.	6-2	3-9			
		4 Ges 🗀				0	U	_					
f change of operator give same tin i on				m Corpoi	ation.	P. O.	Ro	x 2120.	Housto	n. TX 7	7252-2120		
and address of previous operator UTTO	TONG			oo. po.	utions			A LALO,	1104340		LVI LALY		
IL DESCRIPTION OF WELL A	ND LE		12	I	- F			Kind o	/ T	1 10	ase No.		
JICARILLA "J"		10E	roar	Name, Includio BLANCO	MESAVE	RDE			ederal or Foo	1 045			
Location Unit Letter	<u>. 9</u>)5 	. Poet F	Prom The	<u>S_1</u>	e and	16	58 F	t From The _	W	Line		
Section 26 Township	26N		Range	05W	, N	мрм,	RIC	ARRIB	Α		County		
III. DESIGNATION OF TRANS	PORTE	R OF O	II. Al	ND NATE	PAL GAS								
Name of Authorized Transporter of Oil		or Conder		DZ3.	Address (Gir	n eddress so	whic	h approved	copy of this fo	orm is to be se	rd)		
Meridian Oil Inc.	ليبا			V 24	P. 0. I	Box 428	9,	Farming	gton, NM 87499				
Name of Authorized Transporter of Cusings Gas Company of New Mex	end Con i CO		or Dr	y Cen [汉]	Address (Give address to which approved P. O. Box 1899, Bloomfi				copy of this form is to be sent) ield, NM 87413				
If well produces oil or liquids, pive location of tenta.	Unik	Sec	Twp.	Rgs.	ls gas actual	ly connected	17	When	?				
If this production is consmingled with that fi	Om 22y of	her lease or	pool, p	give comming!	ng order mun	ber:							
IV. COMPLETION DATA		Y =				T				le Bash	Diff Res'v		
Designate Type of Completion -	(X)	Off Met	1) 1	Gas Well	New Wall	Workove	* 	Deepen	Min Brack	Same Res'v	jun karv j		
Date Spudded	Date Compl. Ready to Prod.			•	Total Depth	J			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth				
Perforations										Depth Casing Shoe			
		TURING	CAS	SING AND	CEMENT	ING REC	ORI		<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT					
									ļ				
									 				
	 		 -		 				 				
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E	·								
OIL WELL (Test must be after n	covery of	total volum	e of loc	ed oil and must						for full 24 ho	mar]		
Date First New Oil Rus To Tank Date of Test						Producing Method (Flow, pump, gas lift, esc.)							
Length of Test	Tubias Pression				Casing Pres	aure			Choke Siza				
	Tubing Pressure							- F		ME	D		
Actual Prod. During Test	Oil - Bhis.				Water - Bb	la.		(U) E	G-EC	V 15	l II		
	l				<u> </u>			- IM		1000	<u> </u>		
GAS WELL	11	7 T			INCL. Co.	en mie/MMC	-			Condensus			
Actual Prod. Test - MCF/D	Length o	H 100K			Both. Conc	CEL PET NO. LATAL	-r	(OII	CON	DIV			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Dist:	' 3			
VI. OPERATOR CERTIFIC	ATE C	F COM	IPLL	ANCE	1						0.1		
I hereby certify that the rules and regul	ations of E	he Oil Cons	ervatio)A	11	OILU	UN	SEHV		บเปรเ			
Division have been complied with and that the information gives above in true and complete to the best of my knowledge and belief.					1	JUL 0 3 1990							
L 1. J	1 1	•	•		∥ Da	te Appr	ove	d					
sesle 4	sa n	wa	n	6	- B			ユ	دبن	Cham			
Signature Leslie Kahwajy	Prod. Serv. Supervisor				m By	Uy					OR DISTRICT #3		
Printed Name 6/15/90		(505) 326	9700	Tit	ie				-	<u> </u>		
Delta		7	elepho	es No.	I					\			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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.

¹⁾ Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

t \$ Copies prists District Office Appropriate Learner Chine DISTRUCT I P.O. Box, 1980, Hobbs, NM 88240

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OIL CONSERVATION DIVISION P.O. Box 2088

Santa Pe, New Mexico 87504-2088

DISTRICT III

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS													
Operator MERIDIAN OIL INC.								Well A	PI No.				
Address D. O. Poy 4200 Campin		Nov. Me		0746	·····								
P. O. Box 4289, Farmir Resecu(s) for Filing (Check proper box)	igton,	new me	XICO	8749		e (Pl	ase copie	لعد		 			
New Well	~ "	Change in	•			•	91	Ron	. 6-	23-6	70		
Recompletion.	Oli Casinghes	4 Coe 📋	Dry Ga Condea	_			0	occ	, –				
If change of operator give name Unior	1 Texa	s Petro	leum	Corpoi	ration,	Ρ.	0. B	ox 2120	, Housto	on, TX 7	7252-2120		
IL DESCRIPTION OF WELL	AND LE	ASE											
Lease Name JICARILLA "J"		AGENO	Pool No BAS	eme, Includia SIN DAK	g Formation OTA				f Leass Federal or Fo		rass No.		
Location	\overline{C}	76			0		. 1			7.1			
Unit Letter		Ck		ons The	<u></u>	and	_		et From The .		Line		
Section 26 Township	2611		Range	05W	, 10	ирм	ļ	RIO ARRI	BA		County		
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATUI									
Name of Authorized Transporter of Oil Meridian Oil Inc.	ms of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499							
Name of Authorized Transporter of Chaing	of Casinghead Gas or Dry Gas 🔯									ton, NM 87499 opy of this form is to be sent)			
Gas Company of New Mex		1	1	7 :			 		ield, N	4 8741	3		
If well produces oil or liquids, give location of tanks.	Unik	Sec.	Тегр	Kga.	is gas actual	y con	Bected?	When	7				
If this production is commingled with that f IV. COMPLETION DATA	TOES BELY OF	her lease or	pool, gi	ve commingi	ag order sum	ber:							
		Oli Well		Cas Well	New Well	W	orkover	Doepea	Piug Back	Same Res'v	Diff Res'v		
Designate Type of Completion - Date Spudded		pl. Ready to	Prod		Total Depth	<u> </u>	···	I	P.B.T.D.	1			
•													
Elevations (DF, RKB, RT, GR, etc.)	IT, GR, stc.) Name of Producing Formation					Pay			Tubing Depth				
eforations					I				Depth Casing Shoe				
<u> </u>		TUBING.	CASI	NG AND	CEMENTI	NG	RECOR	D	.1				
HOLE SIZE	CASING & TUBING SIZE						PTH SET		SACKS CEMENT				
				·					 				
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE	 	1			· ·	ــــــــــــــــــــــــــــــــــــــ				
OIL WELL (Test must be after to			of load	oil and must				owable for th		for full 24 ho	urs.)		
	Date of T				ricoucing iv	eux	3 (<i>r 104</i> , <i>p</i> 1						
Length of Test	Tubing Pressure				Casing Press	TILE		D) E	Sole Sale	AE	<u>M</u>		
Actual Prod. During Test	Oil - Bhis.				Water - Bbl	L		III	Gu-MCF	990	ש		
GAS WELL	J			, 				OII.	CON	DIV			
Actual Prod. Test - MCF/D	Length of Test				Bbla. Conde	o male	MMCF		DIST.				
Testing Method (pisot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	eure (Shut-in)		Choke Siz				
VI. OPERATOR CERTIFIC	ATEO	F COM	PLIA	NCE	1						041		
I hereby certify that the rules and regulations of the Oil Conservation						Oll	L UUI	NSERV	ATION	DIVISI	UN		
Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief.					Det	α Δ	pprove	ed .	JUL	03 199	0		
Leslie	Ka	hw	aji	 -	1		440 IAA	ــــــ ٠٠٠	,	\sim 1			
Signature Leslie Kahwajy	Prod	l. Serv	. Su	perviso	By.	-			4	OR DIST	SICT 42		
Printed Name 6/15/90		(505)			Title	8	•	S	UPERVIS	UH DIST	RICT /3		
Date		Te	lephone	No.	11					1			

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