STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTE	DM	
SANTA PE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFF	ICE	

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

Separate Forms C-104 must be filed for each pool in multi-completed wells.

OPERATOR		KEQUE	_	ND		137. 3 UI	
PROPATION OFFICE	AUTHORE	ZATION TO	TRANSI	PORT OIL AND NA	TURAL GAS	· · · · ·	~ Q:
Coperator	,						
1 '	1 aum Camaa						
Union Texas Petro	<u>leum Lorpor</u>	ation					
375 US Highway 64	Farmingto	n NM 07	7401				
Reeson(s) for filing (Check proper box	ggi armingco	HI 07	/401	Other (Ple	ase explain)		 -
X New Well		Transporter of:			tapidiny		
Recompletion	O11		□ Dr	y Gas			
Change in Ownership	Casing	head Gas	c.	endensate			
If change of ownership give name and address of previous owner				•			
II DECOMPONION OF WORLD AND	m reace			•			
II. DESCRIPTION OF WELL AN		Pool Name, Incl	luding Fo	ormation	Kind of Lease		
Jicarilla H	116	_	-		State, Federal	a. Faa	Lease N
Location		Blanco	1 Mesa	verde		Fed	lid_Con_10
K 1800	0	- South		. 1050		11	
Unit Letter K : 1800	- Feet From	The SUULII	C1n	and1850	Feet From T	he <u>West</u>	
Line of Section 18 To	wnship 26N	Ras	nge	ΔW , NM	DM	04 - 4	a di tanana Canan
10	2011			4W , (4M)		Rio Ar	rriha Count
III. DESIGNATION OF TRANS	PORTER OF O	IL AND NA	TURAL	GAS			
Name of Authorized Transporter of Oli	or Con	densate 🗀		Address (Give addres	ss to which approv	ed copy of this for	rm is to be sent)
Conoco, Inc. Surface				P. O. Box	1429, Bloom	mfield, NM	87413
Name of Authorized Transporter of Car		or Dry Gas		Address (Give addres	es to which approve	ed copy of this for	rm is to be sent)
Gas Company of New M					1899, Bloom	nfield, NM	87413
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	Is gas actually conne	ected? When	n.	
give location of tanks.	K 18	26N	4W	No	Ар	prox 4/15/8	36
f this production is commingled wi	th that from any	other lease o	or pool,	give commingling or	der number:	R-7508	
NOTE: Complete Parts IV and	V on severe ria	la if nacassass	_				
			ب .	1			
71. CERTIFICATE OF COMPLIA	NCE		l	OIL	CONSERVAT	ON DIVISION	You?
hander and the ske sets and secular					CONSERVAT	MAR 30	1201
hereby certify that the rules and regulation seen complied with and that the information				APPROVED		MAIL	, 19
ny knowledge and belief.		, , , , , , , , , , , , , , , , , , ,		87	Original Signe	d by FRANK T.	CHAVEZ
1 1				TITLE	<u>S</u>	UPERVISOR DISTRI	CT 93 3
1 let 1	7 /	1		This form is	to be filed in co	empliance with	RULE 1104.
pour C	-/ sank			If this is a re	equest for allows	ble for a newly	drilled or deepe-
Permit Coordinator	rere/			well, this form me touts taken on th	ust be accompani e well in accord	led by a tabulat ance with AUL	ion of the deviat
(Tu	le)			All sections	of this form must	t be filled out c	ompletely for all
March 10	8 987		ll ll	able on new and	-		
(Day				Fill out only well same or number	- Sections I, II. >er, or transporter	III, and VI for A or other such (changes of owr

Gravity of Condensate

Choke Size

. COMPLETION DATA	4	as Well	New Well	Workovet	Deepen	Plug Back	Same Restv.	Diff. Resid
Designate Type of Completic	on - (X)	\times _	X	<u> </u>	<u> </u>	P.B.T.D.	<u>. </u>	
Octo Spudded	Date Compl. Ready to Prod.		Total Depti		0		766 KB	
10/11/86	12/18/86.			7850 K	В	Tubing Dep		
levetions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	n	Top Oll/Go				696	
6726 GL, 6738 KB	Mesaverde		<u> </u>	5019		Depth Cast		**
Perforations							850	
5019-5637 (gross)	TUBING, CAS	ING AN	D CEMENT	NG RECOR	D´			
			CEMENT	DEPTH SE	ET	S	ACKS CEME	NT
HOLE SIZE	CASING & TUBING	3126		322		225 sx		lefte)
12-1/4	7			3719		200 sx	s (861 ci	1.ft.)9
8-1/2	4-1/2		3506	-7850 li	ner	467 sx	s (805 ci	Infta)
6-3/4	2 2/0			7696				
TEST DATA AND REQUEST	FOR ALLOWABLE (Test	must be	after recovery lepth or be for	of total volu full 24 hours	me of load o	il and must be	equal to or exc	teed top al
OIL WELL Date First New Oil Run To Tanks	Date of Teet	70	Producing	Method (Flow	u, pump, gas	lift, etc.)		
					 	Choke Size	•	
Length of Test	Tubing Pressure		Casing Pr	*****		020	-	
			Water - Bb			Gas-MCF		
Actual Prod. During Test	Ott-Bbis-		""			1		

Bbie. Condensete/AMCF

531

2.3 bbls/MMCF

Cosing Pressure (Shut-im)

Commingled Production Allocation Per NMOCD

Length of Test

3 hrs

Tubing Pressure (Shut-is)

579

GAS WELL
Actual Prod. Test-MCF/D

Teeting Method (pitot, back pr.)

back pressure

Gas Oil

Mesaverde 12% 32%
Gallup 56% 35%
Dakota 32% 33%

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

00. 00 (point 6 000	(1710	T				
DISTRIBUTI	ON					
BANTA PE						
FILE						
U.S.G.B.	U.S.G.S.					
LAND OFFICE						
TRANSPORTER	OIL					
	GAS					
OPERATOR						
PROBATION OF	108					

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 16-01-78 Format 06-0 F-83 Page 1

Separate Forms C-104 must be filed for each pool in multiprompicted wells.

OPERATOR			RE	QUEST F	OR ALLOW	ABLE			3	,
PROBATION OFFICE		THARI	ZATION :	TO TO 44	AND	L AND NATU		. ,		
I	~0	THORIZ	LATION	IU IKA	ISPUK I UII	L AND NATE	JRAL GAS			
Operator										
Union Texas P	etroleum (Corpor	ration							
Address										
375 US Highwa	y 64,,Farm	ii ngto	on, NM	87401						
Reeson(s) for filing (Check proj	per box;	<u>Y</u>				Other (Pleas	e explain)			
KX New Well	Ch	ange in 1	Transporter	r ol:						
Recompletion		Oii			Dry Gas	}				
Change in Ownership		Casing	head Gas		Condensate	ł				
If change of ownership give n	18000					<u> </u>				
and address of previous owner						· · · · · · · · · · · · · · · · · · ·				
II. DESCRIPTION OF WEL									_	
Lease Name	Ī	f	Wilders	· ·	Formation		Kind of Leas	•		Lease N
Jicarilla H		1E	Und	es . Ga	llup	•	State, Federa	l or Fee	Fed Jid	Can 10
Location			**							
Unit Letter K ::_	1800 Fe	et From	The Sou	th L	.ine and	1850	Feet From	The <u>West</u>	<u> </u>	
Line of Section 18	Township	26N	•		A		-			
Cine bi section 10	1 Ownship	ZON		Range	4W_	, NMPM		Ri	<u>o Arriba</u>	Count
III. DESIGNATION OF TR	ANSDORTED	OF O	T 437737	NATED A	17.010					
Name of Authorized Transporter	of Oil X		densate [Address (Give address	to which appro-	ved com of	hie form is to	Ac (CO.)
Conoco, Inc. Sur		ς.	_	_	į.				*	•
Name of Authorized Transporter			or Dry C	Ges 🗀	Address	Give address	1429 Block	omtleid.	NM 8/4	13
Gas Company of M					1					
	Unit	, Sec.	Twp.	Rge.	la gga gc	U. BOX	1899, Blo	omrield.	<u>NM 874</u>	13
If well produces oil or liquids, give location of tanks.	; K	.18	26N	•	,		:			
		1			<u> </u>	No		prox 4/	15/86	
If this production is comming	ed with that fr	om any	other leas	se or pool	, give com	ningling order	number:	R-7508		
NOTE: Complete Parts IV	and V on rev	erse sid	e if neces	sarv.						
					t i					
VI. CERTIFICATE OF COM	PLIANCE				- [] .	OIL C	ONSERVAT	ION DIVI	SION	17
		011.6						465	$\frac{830}{19}$	381
I hereby certify that the rules and re been complied with and that the infe	egulations of the	Oil Cons	ervation Di	vision have	APPR	OVED		— WH	16 00 1	9
my knowledge and belief.			complete to	the best of	BY		A : : 5:		ANK T. CHAV	
							- Unginal al	noc by 1 so		
_					TITLE			erlayisor d	ISTRICT 75 \$	
What o	7	//			70.	is form is to	be filed in c	omoliance	with and F	1104
Both C	5/ san	<u> </u>			41		est for allow			-
Permit Coordinator	(Signature)				well, th	is form must	be accompan	aled by a ta	bulation of	
	(Tule)				All All	sections of	this form must completed we	t be flied		ily for alle
March 1	8,198	7			11		ections I, II.		A for chase	
	(Date)				well ne	ne or number	or transport	n or other	nch change	of conditi

Oil Well Gas	Well New Well Workover	Deepen	Plug Back	Same Heary.	DIII. NOB.Y		
on – (X)	X		P.B.T.D.	<u> </u>			
Date Compi. Ready to Prod.	1		1	ICC VD			
12/18/86.		KB					
Name of Producing Formation	j						
Gallup	6707						
			1	•			
		-		350			
		RD		ACKE CEMEN	7		
CASING & TUBING SI	26	SET					
9-5/8	322		225_sxs	1266 CU	H		
7	3719						
	3506-7850 1	iner	467 sxs	<u>s (805 cu</u>	<u>ft.</u>)		
4-1/2	3300-7030-1						
4-1/2 2-3/8	7696			equal to or exc	ed top all		
2-3/8 T FOR ALLOWABLE (Test a able for pate of Test)		lume of load or	il and muss be diffic etc.)	<u>-</u>	red top all		
2-3/8 F FOR ALLOWABLE (Test mable for able for 2/4/87	7696 must be after recovery of total voi or this depth or be for full 24 hou Producing Method (Fig.	lume of load or	li and must be differ stc.)	<u>-</u>	soé top all		
2-3/8 F FOR ALLOWABLE (Test mable for able for 2/4/87 Tubing Pressure)	nust be after recovery of total voice this depth or be for full 24 house Producing Method (Fla	lume of load or	il and muss be diffic etc.)	<u>-</u>	eed top all		
2-3/8 T FOR ALLOWABLE (Test a able for 2/4/87 Tubing Pressure 63	7696 must be after recovery of total voice this depth or be for full 24 hou Producing Method (Flo	lume of load or	li and must be differ stc.)	•	ood top all		
2-3/8 F FOR ALLOWABLE (Test mable for able for 2/4/87 Tubing Pressure 63 Oil-Bbis.	7696 must be after recovery of total voice this depth or be for full 24 hou Flow Producing Method (Flow Flow Casing Pressure 505 Water-Bbis-	iume of load of re) ow, pump, gas	Choke Size 3/4	•	sed top all		
2-3/8 F FOR ALLOWABLE (Test mable for able for 2/4/87 Tubing Pressure 63 Oil-Bbis.	7696 must be after recovery of total voice or this depth or be for full 24 house of the following Method (Flow Flow Casing Pressure 505 Water-Bbis.	iume of load of re) ow, pump, gas	Choke Size 3/4		sed top all		
Date of Test able for 2/4/87 Tubing Present 63 Oil-Bble. 0.25 comm* Cembined with v	7696 must be after recovery of total voice this depth or be for full 24 hours or this depth or be for full 24 hours of the flow Casing Pressure 505 Water-Bbis. 0.00 comm. Mv & Dak IP 863 m.	iume of load of re) ow, pump, get-	Choke Size 3/4 General 10: S. P. AOF		eed top all		
Date of Test 2/4/87 Tubing Pressure 63 Oil-Bbis. 0.25 comm* Cembined with V	7696 must be after recovery of total voice this depth or be for full 24 hours or this depth or be for full 24 hours or this depth or be for full 24 hours or this depth or be for full 24 hours or this depth or be for full 24 hours or this depth or the following movers of the following for the following for the following following for the following follow	iume of load of re) ow, pump, geo- c(//D , 35'	Choke Size 3/4 Gas-MCF 10: S-9 HOF	7 comm.	ood top all		
Date of Test able for 2/4/87 Tubing Present 63 Oil-Bble. 0.25 comm* Cembined with v	7696 must be after recovery of total voice or this depth or be for full 24 how Flow Producing Method (Flow Flow Casing Pressure 505 Water-Bbis. 0.00 comm. Mv & Dak IP 863 m Bbis. Condensate/AM 2.3 bb	care of load of the pump, generally and the pump, gene	Choke Size 3/4 Gas-MCF 10: S-9 HOF	Condensate	od top all		
	Date Compl. Ready to Prod. 12/18/86. Name of Producing Formation Gallup TUBING, CASI CASING & TUBING 5 9-5/8 7	Date Compl. Ready to Prod. 12/18/86. Name of Producing Formation Gallup TUBING, CASING, AND CEMENTING RECO CASING & TUBING SIZE 9-5/8 7 2001 201 201 201 201 201 201	Date Compl. Ready to Prod. 12/18/86. Name of Producing Formation Gallup TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE 9-5/8 7 322 7	Date Compil. Ready to Prod. Total Depth P.B.T.D. 12/18/86 7850 KB 77 Name of Producing Formation Top Oil/Gas Pay Tubing Depth Gall lup 6707 76 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET S. 9-5/8 322 225 sxs 7 3719 3600 sxs	Date Compil. Ready to Prod. Total Depth P.B.T.D.		

Commingled Production Allocation Per NMOCD

Gas 011

 Mesaverde
 12%
 32%

 Gallup
 56%
 35%

 Dakota
 32%
 33%

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Signature)

(Title)

Permit Coordinator

	-		
DISTRIBUTE			
SANTA FE	T		
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF	ICE		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

LAND OFFICE		/ MAÑ 3 0 1887 - 🚧 📸
TRANSPORTER GAS	DEQUEST 50	
OPERATOR		R ALLOWABLE OIL CONS. 13.14
PROBATION OFFICE	-	ND Start of the st
Ι.	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS DIST. 3
Operator	·	
Union Texas Pet	roleum Corporation	
Address	301,501,011	
375 US Highway	64, Farmington, NM 87401	
Reason(s) for filing (Check proper b	iox)	Other (Please explain)
XX New Well	Change in Transporter of:	
Recompletion	OII IIO	ry Gas
Change in Ownership	Casinghead Gas C	ondensate
If change of ownership give name and address of previous owner	}	
II. DESCRIPTION OF WELL A	Well No. Pool Name, Including F	
	1	2000
Jicarilla H	11E Basin Dako	ota State, Federal or Fee Fed Lic Con 1
Location		
Unit Letter K ; 1	800 Feet From The South Lin	ne and <u>1850</u> Feet From The <u>West</u>
Line of Section 18 1	Township 26N Range	4W , NMPM, Rio Arriba County
II. DESIGNATION OF TRAN	<u>ISPORTER OF OIL AND NATURAL</u>	<u> CGAS</u>
Name of Authorized Transporter of C		Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc. Surf	ace Irans.	P. O. Box 1429, Bloomfield, NM 87413
Name of Authorized Transporter of C		Address (Give address to which approved copy of this form is to be sent)
Gas Company of New	w Mexico	P. O. Box 1899, Bloomfield, NM 87413
If well produces at an iterate	Unit Sec. Twp. Rge.	Is gas actually connected? When
If well produces oil or liquids, give location of tanks.	K 18 26N 4W	No Approx 4/15/86
		2.7500
I this production is commingled	with that from any other lease or pool,	give commingling order number: R=7000
NOTE: Complete Parts IV and	d V on reverse side if necessary.	
7. CERTIFICATE OF COMPLI	IANCE	OIL CONSERVATION DIVISION - 4007
1. CERTIFICATE OF COMPLI	ANCE	OIL CONSERVATION DIVISION 1987
hereby certify that the rules and regula	ations of the Oil Conservation Division have	APPROVED
	ation given is true and complete to the best of	A Let II FRANK T CHAVET
ny knowledge and belief.	!	BYOriginal Signed by FRANK T. CHAVEZ
	f	TITLE SUPERWISOR DISTRICT # 3
1		11166
Klat 1	1-7.1	This form is to be filed in compliance with RULE 1104.

If this is a request for silowable for a newly drilled or deepent well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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

Same Res'v. Diff. Res

Day - Carridge	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded 10/11/86	12/18/86	7850 KB	7766 KB
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
6726 GL, 6738 KB	Dakota	7588	7696
Perforations			Depth Casing Shoe
7588-7718 (gross)			7850
, 600 // 10 (g. 500)	TUBING, CASING, AT	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	9-5/8	322	225 sxs (266 cu.ft.)
8-1/2	7	3719	10000 sxs (861 cu.ft.)
6-3/4	4-1/2	3506-7850 liner	467 sxs (805 cu.ft.)
	<u></u>		•
7. TEST DATA AND REQUEST			
7. TEST DATA AND REQUEST	FEOR ALLOWARIE (Test must be	after recovery of total volume of load	
/. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load depth or be for full 24 hours)	
7. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this a	after recovery of total volume of load depth or be for full 24 hours) Producing Method (Flow, pump, ga.	s lift, etc.)
V. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	T FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load depth or be for full 24 hours) Producing Method (Flow, pump, ga. Casing Pressure	Choke Size Gae-MCF Gravity of Condensate
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	TFOR ALLOWABLE (Test must be able for this able for this capital for the capital for this capit	after recovery of total volume of load depth or be for full 24 hours) Producing Method (Flow, pump, ga. Casing Pressure Water-Bbls. Bbls. Condensate/MMCF 2.3 bbls/MMCF	Choke Size Gas-MCF Gravity of Condensate 50
/. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	TFOR ALLOWABLE (Test must be able for this able for this capital for this	after recovery of total volume of load depth or be for full 24 hours) Producing Method (Flow, pump, ga. Casing Pressure Water-Bbis. Bbis. Condensate/MMCF	Choke Size Gas-MCF Gravity of Condensate

Motrovet

New Well

Gas Well

Oil Well

Deepen

Plug Back

Commingled Production Allocation Per NMOCD

Gas Oil

Mesaverde 12% 32%
Gallup 56% 35%
Dakota 32% 33%

IV. COMPLETION DATA

Designate Type of Completion - (X)

Momit 5 Chales Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, HM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. DIEWE DD, Assels, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Pe, New Mexico 87504-2088

1000 Rio Brazos Rd., Artec, NM 87410	DEG					/	/			
I.	HEC	NEST F	OR AL	TOWA	BLE AND	AUTHOF	CITAZIF	N		
Орелист		1012	MNSP	UHT OIL	L AND NA	TURAL C		AL API No.		
MERIDIAN OIL INC.					_	,	"	WE TO THAT		
P. O. Box 4289, Farmi	naton	. New A	l exico	0 874	100					
Researce(s) for Filling (Check proper box)						har (Please ex	ndais)			
New Well Recompleting		Change is	•		-			/ - 13	an	
Change in Operator	Oli Cudante	=40= [Dry Os			Z/	sec	. 6-23) - / C	,
If change of operator give seems unio					ration	1/	v			
II DESCRIPTION OF THE !	4373.44		O I C Gal	i corpo	racion,	P. U.	BOX 21	20, Houston	<u>, TX 7</u>	7252-2120
IL DESCRIPTION OF WELL LABOR Name	AND LE		Dod M	ama laskud	F				,	
JICARILLA "H"		11E		BLA	IICO MESI	AVERDE		ind of Lease ste, Pederal or Fee	c1d	ess No.
Location	. 0			·····			, 1 ,			
Unit Letter K	-:_18	CC	_ Poet Pr	om The	<u>S_u</u>	no and	<u>85v</u>	Feet From The	W	Line
Section 18 Township	261	11	Range	04W		MPML RI	O ARRII	ва		_
TW DESCRIPTION OF THE PROPERTY		*******								County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTI	or Coade	IL AN	D NATU	RAL GAS				<u> </u>	
Meridian Oil Inc.	لكا				P. O.	w елогия ю і Вох 4289	which appro	med copy of this form ington, NM	M M OI Ú B AO B T S	rel)
Name of Authorized Transporter of Casing Gas Company of New Mex	thead Cos		or Dry	Ces 💢	Address (Gi	ve address to	which appra	reed come of this fore	07 433 14 14 14 14 14 14 14 14 14 14 14 14 14 1	nt)
If well produces oil or liquids.	I Vale	Sec	Turp	T	P. U.	Rox 1899	, Bloo	mfield, NM	8741	
give location of tanks.	i	i	i '	1	1	ly consected?	Į W	hea 7		
If this production is commanded with that I	from may or	her lease or	pool, giv	e comming	ing order nur	ober:				
		Oll Well		Das Well	New Well	Workover				5.25
Designate Type of Completion		_i	i		 	worrower	Deepa	a Plug Back Si	ime Kes'y	Diff Res'v
Date Spudded	Data Com	pl. Ready i	Prod		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, stc.)	Name of I	Producing F	ormation		Top Oil/Gas	Pay		Tables Dead		
Perforations	<u> </u>							Tubing Depth		
					_			Depth Casing 5	Shoe	
		TUBING,	CASI	VG AND	CEMENTI	NG RECO	RD			
HOLE SIZE		LSING & TI				DEPTH SE		SA	CKS CEME	NT
					ļ					
V. TEST DATA AND REQUES	TEOD	AI I AW	ADIE							
OIL WELL (Test meet be after re	covery of k	otal volume	ridice, of load a	il erd mas	be count to or	r exceed ton al	Sounds for	this death as he for	6JI 24 kma	• i
Date First New Oil Rua To Teak	Date of To	H.	·		Producing M	ethod (Flow, p	remp, gas lij	A. etc.)		•4
Length of Test	Tubing Pro				Casing Press		m E	CELV	: I	
A								G	W	
Actual Prod. During Test	Oli - Bhia	•			Water - Bbla		JI	JL 0-8 4980		
GAS WELL					L		OII	CON. DI	٧	
Actual Froil Test - MCF/D	Leagth of	Test			Bola, Condes	min/MMCF	- OIL	DISTOR CO.	deamts	
esting Method (pitot, back pr.)	7000-70							4,5	dental este en	
water (hear, seek by)	I moraid Lite	marine (Spiri	· m)		Casing Press	nse (2prit-ia)		Choke Size		
T. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE						
I hereby certify that the rules and regular	tions of the	Of Course	entine.		(DIL GOI	NSER	VÀTION Ď	IVISIO	N
Division have been complied with and it is true and complete to the best of my in	un tee info toyrindge a	rentice give ed belief.	en above					JUL 031	990	
Loslie I	1	•	, ,		Date	Approve	ed			
Signature.	an	7	4		By_		3.	in), dh	/	
Leslie Kahwajy	Prod.	Serv.		rvisor	-,-		SUP	ERVISOR DIS	STRICT	<i>†</i> 3
6/15/90		(505)3	26-97	700	Title	·				
Dete			phone N		11			1		

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

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Tubent 5 Cooles
Appropriate District Office
DISTRICT 1
P.O. Book 1980, Hobbs, NM 88240
DISTRICT 8
P.O. Drawer DD, Assess, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-39
Set Instructions
at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizza Rd., Ariac, NM 87410

Ĭ.	REQU	EST FC	R AL	TOMAB	LE AND A	AUT	HORI	ZATION			
Треляот		O INVI	ior (OITI OIL	ANU NA	ıŲĦ	ML G		UN Na		
MERIDIAN OIL INC.				·							
P. O. Box 4289, Farmi	ngton,	New Me	xico	874	99						
Resson(a) for Filing (Clack proper box) New Well		-			Oth	er (Pla	are expé	eue)			
Recompletion	OE	Change in	Iπωπορο Dry Co			, j	-11	'11 (13	
Change in Operator	Caringhee	i Cea 🗌	•				_A^\$ - ^\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
of change of operator give same Union	n Texas	Petro	leun	n Corpo	ration,	Р.	0. 1	Box 2120	, Houst	on, TX 7	7252-2120
IL DESCRIPTION OF WELL	AND LEA	SE									
Lasee Name JICAPILLA "Pr"		Well No.			n g Formation DE GALLU	D			of Lease Federal or Fe	• 100	cuse Na.
Location		1		123110110	JE WILES				-,		
Unit Latter	ث	1	Feet Pr	003 Tbe	منا	a and		<u> </u>	et From The		Libs
Section 1 Township	2611		Range	0.40	. 10	MPM.		48KITT			County
III. DESIGNATION OF TRAN	כסרום דבי	יות שח פ	T A NI	T) NATE	DAT GAG						
Name of Authorized Transporter of Oil	EX.	or Condeau		U NATU	Address (Giv	e edd	W 01 EED	hick approved	copy of this	form u to be se	:M)
Meridian Oil Inc. Places of Authorized Transporter of Casing		===	0	<u></u>	P. O. E	Юх	4289	, Farmin	gton, N	M 87499	
Gas Company of New Mex	ico		or Lay	Ces [X]	P. (). E	Box	1899,	Bloomf	<i>copy զ/ Մաս ի</i> ield, հե	form is to be se М 8741	
If well produces oil or liquids, give location of teatrs.	Unit	Sec.	Lak	Rga	ls gas actual	y coar	sected?	W sea	1		
f this production is commungled with that f	TORD BBY OUR	er lease or p	001, gr	As community	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	Τ,	Oas Wall	Y 31	T				72	Y
Designate Type of Completion	· (X)	1	j'	ONE WAS	New Well	₩o	rkover	Doepas	Flug Back 	Same Res'v	Diff Resiv
Deta Spudded	Date Comp	al Ready to	Prod.		Total Depth	<u> </u>			P.B.T.D.		·
Elevations (DF, RKB, FT, GR, etc.)	Name of Pr	roducing For	mation	· · · · · · · · · · · · · · · · · · ·	Top Oil/Gas	Pay			Tubing Des	×th	
Performaces	<u> </u>			 -	<u></u>				Depth Case	ne Shoe	
		··									
HOLE SIZE		UBING,			CEMENT					CACKE CELL	E NIT
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		712							<u> </u>		
V. TEST DATA AND REQUES OIL WELL ("ert must be after m					he soud to a		-d :1	and the fact the	a dansk na ki	for full 24 hou)
Date First New Oil Rus To Tank	Date of Tes		,					ump, gas lift.		700 / 001 2 4 100	
Length of Test	Tubing Pro				Casing Press				Choke Size		
								เม	ECI	INE	
Actual Prod. During Test	Oil - Bbls.				Water - Bbla			K	Chair MC	Marin Arres	
GAS WELL	<u> </u>		-		<u> </u>			L.V	JUL	3 1990	
Actual Prod. Test - MCF/D	Leagth of	Test			Bols. Conde	1014	имст		1 Granter	SPU-DIV	7
Testing Method (pilot, tack pr.)	Tubing Fre	saure (Sout-	4		Casing Press	ure (S	hut-in)		Choke Di	7	
	<u> </u>										i
VI. OPERATOR CERTIFIC I hereby certify that the rules and reguli				VCE.		ЭК	COL	VSERV	ALION	DIVISIO	ΝÍ
Division have been complied with and in true and complete to the best of my h	but the infor	mation give		•		• • •	. • • •	102111			• • •
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<u> </u>	17 (4.4	1117	14		Bu				رب		•
Leslie Kahwajy	Prod	Serv.	Sup	erviso	By_					P DISTRIC	
Printed Name 6/15/90		(505)3	Title 26-9	9700	Title				VISU		/ 3
Dadas			obone		11						

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Abant 5 Coolee
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM \$2240

State of New Mexico Energy, Minerals and Natural Resources Department

DATRICT I P.O. Driver DD, Assela, NM \$1210

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		Si	inta Pi	e, New	Mex	rdco 87.	504-2	880					
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MERIDIAN OIL INC.				<u> </u>		/	<u> </u>	INL C	//3	Wal .	API No.		
P. O. Box 4289, Farm	ington,	New M	exic	0 8	8749	q					· · · · · · · · · · · · · · · · · · ·		
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Recompletion	OS Cusinghese		Dry G	. (ב ר					<u>.</u>	6-2	13-90)
If change of operator give seems Unit of					rpor	ation.	. P.	0.	Box 2	21 20	Houet	on TV	77252-212
IL DESCRIPTION OF WELL	AND LEA	LSE				<u>_</u>			<u> </u>	-120	, 110030	UII, IA	11252-212
JICARILLA "H"		Well No. 11E	Pool N	iame, lac	AST	FOAKU	īΑ				Y Lesso Péderal or Pe	C1031	.ess No.
	. 120	\sim			_	-		, () (•				
10	_: <u>_120</u> _ 26i1					7n	ine and .				et From The	ω	Line
10% 840			Russ		41/		NMPM,	RIU	ARR	IRN			County
III. DESIGNATION OF TRAN Nume of Authorized Transporter of OU	SPORTE	R OF O	IL AN	D NA	TUR/	AL GAS	5						
Meridian Oil Inc.	\boxtimes	or Condes	Mi g		٨	Address (G	ive add	43 10 W	hick app	roved	copy of this f	6 87499	est)
Name of Authorized Transporter of Casin Gas Company of New Mex	ghead Con		or Dry	Gas []	KI 18	vidrees (Gi	iw addr	ess to wi	hich and	round	come of this i	rem is to be	<u>!</u> ext)
If well produces oil or liquids,	1	Sec.	Twp	, R		ou ectu	BOX	1899,	Blo	Omfi When	ield, N	1 8741	
If this production is commingled with that				i	- 1					· ·	·		
IV. COMPLETION DATA		4 ACRES (37	boar Br	A COUNTY	nugling	Order mus	mber;						
Designate Type of Completion	- (X)	Oll Well		Gas Well	1	New Well	Wor	kover	Dee	P=4	Plug Back	Same Res'v	Diff Res'v
Dete Spudded	Date Compl.	Ready to	Prod.		T	ctal Depth			l		P.B.T.D.	L	ــــــــــــــــــــــــــــــــــــــ
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fo	TEMPOR		To	op Oil/Gai	Pay				Tubing Dep	<u> </u>	
Perforations	<u> </u>												
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V. TEST DATA AND REQUES	TEOD	LOW		·	土							·	
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Date First New Oil Rua To Tank	Date of Test					oducing M						<u></u>	~
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esting Method (pitot, back pr.)	Tubing Press	nue (Spire-	m)		C	sting Press	ure (Shu	1-in)			Choke Size		
T. OPERATOR CERTIFICA	ATE OF (COMP	LIAN	CE	\dashv_{\vdash}					1			
I hereby certify that the rules and regular Division have been complied with and st	tions of the Oi	d Conserv	!			(OIL (CON	SEF	ÎVΑ	TION)ivisic	Ň
is true and complete to the best of my ha	lowledge and	bellef.	- =-0776			Date	a Ann	rovec		,	JUL 03	1990	
- Fisher	Kal	Um	w	<i>l</i> -		vale	- whh	,, ∪ ∀ (-			1	
Signature Leslie Kahwajy	Prod.	Serv.	Sun	rvis		By_			3) 8	hand	
Printed Name 6/15/90		505)3	Tirle		·	Title			SU	PER	VISOR D	ISTRICT	/3
Date		JUJ / 34	LO- 9/	· UU	.	· iu						i 	

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