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DISTRICT I
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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 Rd., Azzec, NM 87410

DISTRICT II
P.O. Drawer DD, Artesia, NM §8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.		TOTRA	NSI	PORT OIL	LAND NA	TURAL G					
Operator Manufallian O.17 T							Weli	API No.			
Meridian Oil Inc.							<u> </u>				
Address											
P. 0. Box 4289, Farmin	<u>igton, N</u>	<u>vm 87</u>	<u> 499</u>								
Reason(s) for Filing (Check proper box)			_		X Out	et (Please exp	iain)				
New Well		Change is	1								
Recompletion	Oil	_	Dry								
Change in Operator	Casinghea	d Gas	Cond	lenante	<u>Well na</u>	me chanc	ged from	ı Jicaril	la H #1	1 <u>F</u>	
if change of operator give name and address of previous operator											
•					<del></del>						
IL DESCRIPTION OF WELL	AND LEA								<del> </del>		
Laces Name	Well No.   Pool Name, Includ				*			Kind of Lease No.  State, Federal or Fee			
Jicarilla 103		11E	<u>! B1</u>	<u>anco Me</u>	saverde		3426	, receil or re	<u> 1 0103</u>		
Location											
Unit Letter K	_ :]	<u> </u>	_ Feat	From The $\mathcal{L}$	Outil Lin	$e$ and $\underline{}$	350 <u> </u>	eet From The .	West	Line	
4.0			_		-						
Section 12 Townshi	<u>p 7</u>	26.1	Rang	<del>e</del> 4	₩ , <b>N</b>	MPM, R	lo Arrit	ıa		County	
H DECICNATION OF TRAN	icnoner	n or o	** •	NT N. 4 CTT 1	<b>D.1</b> G.6						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conde		ND NATU			Lisk	4			
Meridian Oil Inc.		or Collins		$\square$	1			d copy of this f		R)	
<del></del>					P. O. Box 4289, Farmington, NM 87499						
Gas Company of New Mex				y USE X	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, NM 87413					nt)	
If well produces oil or liquids,	1	S	17						<u>1 8/413</u>		
give location of tanks.	Unait	Sec.	Twp.	l Kger	Is gas actuali	y connected?	When	1.7			
f this production is commungled with that	from env orb				line and a succ						
IV. COMPLETION DATA	HOIR MAY OUR	EI ICERE OI	poor, į	Are consuming	ring order man	DET:	<del></del>				
	<del></del>	Oil Well		Gas Well	New Well	Workover	Deepen	Diva Back	Ic Basic	Diff Basis	
Designate Type of Completion	- (X)	l l	' ! !	Gas Well	New Well	WORLOVE!	Dechen	Flug Back	Same Resiv 	Diff Res'v	
Date Spudded	Date Comp	al. Ready to	Prod		Total Depth	<u> </u>	1	P.B.T.D.	l		
•		•						1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing F	omatic	oa .	Top Oil/Gas	Pay		Tubing Depth			
								i wing bep	<b>4.</b>		
Perforations					<del></del>		<del></del>	Depth Casin	g Shoe		
									_		
	Ī	UBING.	CAS	ING AND	CEMENTI	NG RECOR	ND.				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		9	SACKS CEMENT		
				_							
		····						- <del>•</del>			
				<del></del>		<del></del>					
							_				
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLI	Ε							
OIL WELL Test must be after r	ecovery of to	tai volume	of load	d oil and must	be equal to or	exceed top all	owable for th	is depth or be j	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	St.			Producing M	ethod (Flow, p	ump, gas lift,	elc.)			
	<u> </u>										
Length of Test	Tubing Pres	SRIFE			Casing Press	<b>产</b> 管		Choice Size			
-	<u> </u>					<b>100 2</b> 7	<b>~~</b>	1			
Actual Prod. During Test	Oil - Bbls.				Water - Boss	ن	0.46.04	Gat LMCF			
	!				<u>!</u>	MAR1	<u> 3 1991</u>	<u> </u>			
GAS WELL						AU 66	101 P	15.7			
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conder	MACE	JN. L	Gravity of C	ondensate		
						D#	ST. 3		e described a second	•	
Testing Method (puot. back pr.)	Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COME	OT TA	NCE	i					<del></del>	
					(	DIL CON	<b>NSERV</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											
is true and complete to the best of my i	moyledge an	nd belief.	0		Data	Annraus	ad	MAR 1 3	1997		
I A. A. A.	/a A	- 9 - 1			Date	Approve	.u				
JUNIE K	ani	לגמט	M,	•			7.	u d			
Signature		/	1	1	By_		Dave?	1, 52	Lane.		
LesTie Kahwajy	Produ	ıcti		ılyst			SUPER	VISOR DI	STRICT	13	
Printed Name	·	206 25	Title		Title						
3 <u>/8/91</u> Date	<u> 505-3</u>	326-97		M-							
		i ele	phone	140.	П						

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.