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Appropriate District Office
DISTRICT
P.O. Box 1 0, 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

## OIL CONSERVATION DIVISION

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, Artesia, NM 88210

DECLIECT FOR ALLOWARD F AND AUTHORIZATION

| I.   |  |                               |         | ALLOWAI  |                            |                |                                  |  |                                       |             |  |
|--|--|-------------------------------|---------|--|----------------------------|----------------|----------------------------------|--|---------------------------------------|-------------|--|
| I. TO TRANSPORT OIL A  |  |                               |         |  |                            | Well API No.   |                                  |  |                                       |             |  |
| Meridian Oil Inc.  |  |                               |         |  |                            |                |                                  |  |                                       | _           |  |
| P. O. Box 4289, Farmin   | iaton. N   | VM 87                         | 499     |  |                            |                |                                  |  |                                       |             |  |
| Reason(s) for Filing (Check proper box)  | . 3  | 07                            |         |  | y Ou                       | er (Please ex  | plain)                           |  |                                       |             |  |
| New Well   | Change in Transporter of:  |                               |         |  |                            |                |                                  |  |                                       |             |  |
| Recompletion   | Oil<br>Casinghea   | 4 Can .                       | Dry (   |  | N-11                       |                |                                  | 1.   | •••                                   | ,,,,,       |  |
| If change of operator give name  | Casingnes  | a Gas                         | Cons    | ensate   | жетт                       | name cr        | langed fr                        | om Jicar                                     | illa H                                | #6M         |  |
| and address of previous operator   |  |                               |         |  |                            |                |                                  |  |                                       |             |  |
|  | CRIPTION OF WELL AND LEASE   |                               |         |  |                            |                |                                  |  |                                       |             |  |
| Jicarilla 103  |  | Well No.   Pool Name, Includi |         |  |                            |                |                                  | of Lease<br>Federal or Fee                   | 1                                     | Lease No.   |  |
| Location   | <u>.</u>   | 6M   Basin Dako               |         |  | Jld                        |                |                                  |  | C103                                  | [C103       |  |
| Unit Letter  | _ : 8  | 340                           | Feet i  | From The $\frac{S}{1}$                                 | out <b>h</b>               | e and 20       | )20 <sub>E</sub>                 | eet From The                                 | East                                  | Line        |  |
| 20 -   |  | 2611                          |         |  | <u> </u>                   |                |                                  |  | · · · · · · · · · · · · · · · · · · · | Line        |  |
| Section 20 Township  | <u>p</u>   | 26N                           | Range   | e 4W   | ,N                         | MPM, R         | Rio Arrit                        | a  |                                       | County      |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   |  |                               |         |  |                            |                |                                  |  |                                       |             |  |
| Name of Authorized Transporter of Oil  | ransporter of Oil or Condensate Y Address (Give address to which approved copy of this form is to be sent) |                               |         |  |                            |                |                                  |  |                                       |             |  |
| Meridian Oil Inc. Name of Authorized Transporter of Casing   |  |                               |         |  |                            |                |                                  | gton, NM 87499                               |                                       |             |  |
| Gas Company of New Mex   |  |                               |         |  |                            |                | copy of this form is to be sent) |  |                                       |             |  |
| If well produces oil or liquids,   |  |                               |         | P. O. Box 1899, Bloomf Is gas actually connected? When |                            |                |                                  |  |                                       |             |  |
| rive location of tanks.  | oxdot  |                               |         |  |                            |                | i                                |  |                                       |             |  |
| f this production is commingled with that it  IV. COMPLETION DATA  | from any oth   | er lease or                   | pool, g | ive comming!   | ing order num              | ber:           |                                  |  |                                       | <del></del> |  |
|  |  | Oil Well                      | 1       | Gas Well   | New Well                   | Workover       | Deepen                           | Plug Back                                    | Same Res'v                            | Diff Res'v  |  |
| Designate Type of Completion   |  | <u>i</u>                      | i_      |  | i                          |                | 1                                |  | Same Res                              | Dui Resv    |  |
| Date Spudded   | Date Comp  | Date Compi. Ready to Prod.    |         |  |                            | Total Depth    |                                  |  | P.B.T.D.                              |             |  |
| Elevations (DF, RKB, RT, GR, etc.)   | (T, GR, etc.) Name of Producing Formation  |                               |         |  | Top Oil/Gas                | Pay            |                                  | Taking Danis                                 |                                       |             |  |
|  |  |                               |         |  |                            | •              |                                  | Tubing Depth                                 |                                       |             |  |
| Perforations   |  |                               |         |  |                            |                |                                  | Depth Casing                                 | Pepth Casing Shoe                     |             |  |
| · · · · · · · · · · · · · · · · · · ·  |  | LIDING                        | CAS     | DIC AND  | CT) (T) T                  | NC DECO        | DD                               |  |                                       |             |  |
| HOLE SIZE  | TUBING, CASING AND CASING & TUBING SIZE  |                               |         |  | DEPTH SET                  |                |                                  | SACKS CEMENT                                 |                                       |             |  |
|  | O O O O O O O O O O O O O O O O O O O  |                               |         |  |                            |                |                                  | GNONG GENERAL                                |                                       |             |  |
|  |  |                               |         |  |                            |                |                                  |  |                                       |             |  |
|  |  |                               |         |  |                            |                |                                  |  | <del></del>                           |             |  |
| V. TEST DATA AND REQUES  | T FOR A  | LLOW                          | ABLE    | <del></del>  | <u> </u>                   |                |                                  | <u>i                                    </u> | <del>-</del>                          |             |  |
| OIL WELL (Test must be after re  | *  |                               | of load | oil and must   |                            |                |                                  |  | r full 24 hou                         | rs.)        |  |
| Date First New Oil Run To Tank   | Date of Tes  | t                             |         |  | Producing M                | ethod (Flow, p | pump, gas lift, i                | etc.)  |                                       |             |  |
| Length of Test   | Tubing Pres  | sure                          |         |  | Casing Press               | ne s           | THE !                            | Gloke Size                                   |                                       |             |  |
|  |  |                               |         |  |                            | - 172 AG       | 11 U &                           |  |                                       |             |  |
| Actual Prod. During Test   | Oil - Bbls.  |                               |         |  | Water - Bbis               | MAD1 4         | 1931                             | Gas- MCF                                     | <u>.</u>                              |             |  |
| C+C WIDLE  | •  |                               |         |  |                            |                | 1331                             |  |                                       |             |  |
| GAS WELL Actual Prod. Test - MCF/D   | Length of T  | aet                           |         |  | Bbls. Conder               | 402            | L DIV.                           | Gravity of Co                                |                                       |             |  |
|  | i sangar or r  |                               |         |  | Bois. Color                | MET.           | 3                                | Gravity of Co                                | AIGEN SALE                            |             |  |
| esting Method (pitot, back pr.)  | Tubing Pressure (Shut-in)  |                               |         |  | Casing Press               | ire (Shut-in)  | A.                               | Choke Size                                   |                                       | •           |  |
| T OPER AND COLOR   | <u> </u>   |                               |         |  |                            |                |                                  |  |                                       |             |  |
| VI. OPERATOP CERTIFICA   |  |                               |         | NCE  | (                          |                | NSERV                            | ATION [                                      | אועובור                               | M           |  |
| 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 knowledge and belief.   |  |                               |         |  | Date Approved MAR 1 3 1991 |                |                                  |  |                                       |             |  |
| Fessie Kahwa W   |  |                               |         |  |                            | A              |                                  |  |                                       |             |  |
| Signature  |  | 7                             | X       |  | By_                        |                | 3                                | u d  | -                                     |             |  |
| L <u>eslie Kahwajy</u> Production Malyst   |  |                               |         |  | SUPERVISOR DISTRICT #3     |                |                                  |  |                                       |             |  |
| 3/8/91 505-326-9700  |  |                               |         |  | Title                      |                |                                  |  | SI NICI                               | 73          |  |
| Date   |  |                               | phone l | No.  |                            |                |                                  |  |                                       |             |  |
|  |  |                               |         |  | Ų                          |                |                                  |  |                                       |             |  |

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.