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

State of New Mexico Energy, Minerals and Natural Resources Department

neviced 1-1-89 See Instrument

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azzec, NM 87410	BEC	NIEST E		LONA	BLE AND	ALITU	00174	- :				
<u>I.</u>	1120				IL AND N			HON				
Operator				<u> </u>	12 / 11 / 11/	TOTAL	<u> </u>	Well	API No.			
Meridian Oil Inc.												
P. O. Box 4289, Farmi	naton.	NM 87	499									
Resson(s) for Filing (Check proper box)					X. O	ther (Please	explain)					
New Well Recompletion	0.1	Change is	•									
Change in Operator	Oil Casingh	ead Gas	Dry Ga Conde	_	Wall	namo	chang	ad fy	nom lina		"10	
If change of operator give name and address of previous operator						name	Change	eu ir	Oll OTCa	rilla H	#14	
IL DESCRIPTION OF WELL	ANDIE	TACE			-						_ 	
Lease Name Well No. Pool Nam				ame, Includ	icluding Formation				Kind of Lease Lease No.			
Jicarilla 103		14	Bla	nco Me	saverde			State, Federal or Fee				
Unit Letter		890		(South		070		· ·			
	_ :		. Feet Fr	om The	Li	ne and	970	F	eet From The	East	Line	
Section 18 Townsh	ip	26N	Range	4	W,N	ІМРМ,	Rio A	<u> Irrit</u>	a		County	
III. DESIGNATION OF TRAN	NSPORTI	ER OF O	IL AN	D NATT	RAL GAS							
Name of Authorized Transporter of Oil		or Conden	ISNE		Address (Gi	ve address	10 which a	рргочес	copy of this	form is to be s	ent)	
Meridian Oil Inc. Name of Authorized Transporter of Casin	obest Gee		P		P. O. E	3ox 428	89 , Fa	rmin	igton, N	M 87499)	
Gas Company of New Mex	kico		or Dry		Address (Gi	i ve <i>address i</i> Rox 190	<i>io which a</i> 00 R1	oomf	ield. N	form is to be s		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actual			When		<u>M 87413</u>	<u> </u>	
If this production is commingled with that	from sevice	<u></u>	<u> </u>	1				<u> </u>		-		
IV. COMPLETION DATA	Hom any or	ner lease or	poot, giv	e commung	ling order nur	aber:						
Designate Type of Completion	- (X)	Oil Well		as Weil	New Well	Workove	er D	еереп	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ipi. Ready to	Prod.		Total Depth				P.B.T.D.	<u> </u>		
					r.b.1.D.							
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth							
Perforations					<u> </u>				Depth Casir	ng Shoe		
 			·									
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE											
THOSE OILE	CASING & TUBING			IZE	DEPTH SET				SACKS CEMENT			
					!							
	1				· · · · · · · · · · · · · · · · · · ·							
V. TEST DATA AND REQUES	T FOR A	ALLOWA	BLE		·							
OIL WELL (Test must be after no Date First New Oil Run To Tank	ecovery of to	otal volume o	of load or	l and must	be equal to or	exceed top	allowable	for this	depth or be	for full 24 hou	rs.)	
tate fire New Oil Run 10 lank	Date of Te	: !			Producing Me	ethod (Flow	v, pump, ge	as lift, e	IC.)			
Length of Test	Tubing Pressure				Casing Total	Irok 43	12 0	V F	Choke Size			
·												
Actual Prod. During Test	Oil - Bbis.				Water-Bolk MAR1 3 1991 Gas-MCF							
GAS WELL	<u> </u>					311 C	ON.		! // 1			
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conden			1219		ondeneste.		
								•	Gravity of Condensate			
ing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in) Choke Size					-		
VI. OPERATOR CERTIFIC	ATE OF	COMP	TARI	70	l				<u> </u>			
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.					OIL CONSERVATION DIVISION							
					Date Approved MAR 1 3 1991							

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

Product

Signature eslie Kahwajy

Printed Name

3<u>/8/91</u> Data

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

Ву

Title

SUPERVISOR DISTRICT

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

505-326-9700

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Analyst

Title

Telephone No.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.