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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

H 1-1-89

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		Sa	ınta Fe	, New M	lexico 875	504-2088						
I.	REQ	JEST FO	OR AL	LOWA	BLE AND	AUTHOR	ZATION					
Operator		TO THA	INSP	וט ואכ	L AND NA	ATURAL G		API No.				
Meridian Oil Inc.							W C41	AFI NO.				
P. O. Box 4289, Farm	ington,	NM 87	7499									
Reason(s) for Filing (Check proper box) New Wall		. .			X Ot	het (Please expi	air)					
Recompletion	Oil	Change in	•									
Change in Operator	Casinghea	ud Gass 🗀	Dry Gas Condens	_	11-77	•						
If change of operator give name and address of previous operator					<u>Well</u>	name cha	nged fr	<u>rom Jica</u>	<u>rilla H</u>	#14		
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name		Well No. Pool Name, Inches				-	Kind	of Lease	1 1	ease No.		
Jicarilla 103		14 Basin Dak			otasta				Federal or Fee C103			
Unit Letter P		890	F F.	_	Sou i th Lin	0	70					
			reet Pro	m lbe	OUBTER Lin	e and	70 <u> </u>	eet From The	<u>East</u>	Line		
Section 18 Townshi	ip	25N	Range		4W , n	MPM , R	io Arri	ba		County		
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L ANI	NATU	RAL GAS							
Name of Authorized Transporter of Oil Meridian Oil Inc.	or Condensate				Address (Give address to which approved copy of this form is to be se					ent)		
Name of Authorized Transporter of Casin					P. O. Box 4289, Farmington, NM 87499					9		
Gas Company of New Me	xico				P. O. Box 1899, Bloomfield, NM 87413					end)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuall	y connected?	When		m 8741	3		
If this production is commingled with that	from any orbi			<u> </u>								
IV. COMPLETION DATA	HOLL MLY OUR	er learne or b	iooi, give	commingi	ing order num	ber: 						
Designate Type of Completion	- (X)	Oil Well	G	s Well	New Weil	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v		
Date Spudded	<u> </u>	i. Ready to	Prod.		Total Depth	L		P.B.T.D.	L	<u>L</u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					* 012			P.B.T.D.				
					Top Oil/Gas	ray		Tubing Dept	Tubing Depth			
Perforations	<u>. </u>			Depth Casin	Depth Casing Shoe							
	-	UDDIC	C A CID I	C + 1/17								
HOLE SIZE	TUBING, CASING AND				CEMENTI							
	CASING & TUBING SIZE					DEPTH SET		<u>; </u>	SACKS CEMENT			
				-				-				
. TEST DATA AND REQUES	T FOR A	LLOWA	RLF									
OIL WELL (Test must be after re				and must i	be equal to or	exceed top allor	vable for this	s depth or he fi	or full 24 kover	•)		
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)											
ength of Test						· F ? S	1 N					
	Tubing Pressure			Casing Products 5, 19 4,			Chote: Size					
ctual Prod. During Test Oil - Bbls.					Water - Bofs.	MARI	1991 د	Gas- MCF				
0.0			·	i		TIMINE	J 1991					
GAS WELL Actual Prod. Test - MCF/D	T				(<u>OIT CO</u>	N. Di	V.				
Count Prod. Test - MCF/D Length of Test					Bbis. Condens	- MMCDIS	T. 3	Gravity of C	ondentrate .	``.		
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressu	re (Shut-in)		Choke Size				
I. OPERATOR CERTIFICA	ATE OF	COMPL	LANC	E		NI COM		TION	30.40.0			
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					MAR 1 3 1991							
to do	ah.	د و مستد،	11		Date	Approved		A				
Some Fulliany					By Bill Chang							
Leslie Kahwajy Production Analyst					By				<i>δ</i>			
Printed Name Title					SUPERVISOR DISTRICT #3							

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

3/8/91 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.

Title

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

505-326-9700

Telephone No.

- 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.