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Appropriate District Office
DISTRICT 1
P.O. Box 1980, 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRA	NSPC	ORT OIL	AND NATI	JRAL GAS	Well AP	No			
eralof							THE TALL				
Meridian Oil Inc.		······································									
P. O. Box 4289, Farmi	ngton,	New Me	xico	87499	Other	(Please explain	u)			· · · · · · · · · · · · · · · · · · ·	
son(s) for Filing (Check proper box) w Well		Change in '				(i ideas aryana	7				
completion	Oil		Dry Ga	, 📙	Fffecti	ve 12/06	/88				
ange in Operator XX	Casinghead		Conden								
hange of operator give name address of previous operator	Texaco,	Inc.	_P_0	EF, C	ortez, C	olorado	81321			 	
DESCRIPTION OF WELL	AND LEA	SE					Kind of	1	les les	se No.	
ate Name Frew Federal		Well No. Pool Name, Including Formstice WAW Fruitland PC						ederal or Fee	NM-56	0223	
Unit Letter F	. 185	50	. Feet Fr	on The No	rth Line	and1850) Fee	t From The _	West	Line	
	ip 261	u	Range	12W_	, NM	грм, San	Juan			County	
I. DESIGNATION OF TRAN	NSPORTE	R OF O	IL AN	D NATUL	Address (Giw	address to wh	ich approved	copy of this fo	rm is to be se	u)	
ame of Authorized Transporter of Oil		J. C.									
lame of Authorized Transporter of Casinghead Gas or Dry Gas XX					Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico 87499						
El Paso Natural Gas					Is gas actually connected? When?						
f well produces oil or liquids, ive location of tanks.	i		i '	İ							
this production is commingled with the	t from any of	her lease of	r pool, g	ive comming!	ing order num	ber:					
V. COMPLETION DATA		Oil We	ш	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>			Total Depth	<u></u>	<u> </u>	P.B.T.D.			
nte Spudded Date Compi. Ready to Prod.					•						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
								Depth Casi	ng Shoe		
Perforations								<u> </u>			
		TUBING, CASING AND				CEMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE		CASING & TUBING SIZE				UEF IN SET					
	-							 			
					ļ			-			
V. TEST DATA AND REQU	FST FOR	ALLOV	VABL	.E	.1						
V. TEST DATA AND REQU OIL WELL (Test must be after	er recovery of	total volum	ne of loc	ed oil and mus	n be equal to c	or exceed top a	llowable for 1	his depth or be	e for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Test				Producing I	Aethod (Flow,)	pump, gas iyi	, eic.y		*7 ml)	
Length of Test	Pressure			Casing Pres	sure		Cheke Siz	TE I W			
Angun or real					Water - Bbls.			Gas- MCI	52 1 19		
Actual Prod. During Test	Oil - Bt	Oil - Bbls.				!&.			<u> </u>	المنطق	
GAS WELL								Consider a	Condensate	5 A	
Actual Prod. Test - MCF/D	Length	Length of Test				ensate/MMCF		Giavity 0	, COMMONDO ,	y.*	
The second secon	Tubing	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			ZE		
Testing Method (pilot, back pr.)											
VI OPERATOR CERTIF	T. ATL	T. P. C. D.	A IPI I	ANCE	!! !!	Office	Noen	VATIO	יסועוט א	IÚN	
the miles and the miles and	regulations of	the Oil Co	xiscrvali	00		_			6 100	e.	
Division have been complied with is true and complete to the best of	my knowled	ge and beli	. _{કુ.૧૯૫} . લી.		Da	te Appro	ved	<u> Hur</u>		년	
1						0	riginal Sigr	ed by FRAI	NK T. CHAV	EZ	
(Supply) Ital	Pful	ed -			Ву						
Signature Regulatory Affai	rs				.		5)1/2 (n dichert	* *		
Printed Name		/325-9		itle	Ti	le			1		
8/15/89 Date	505/	JEJ-3	Teleph	one No.	-				· · · · · · · · · · · · · · · · · · ·		

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