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

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artosia, NM \$1210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Britos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MERIDIAN OIL INC.								Mell Y	PI No.			
Address P. C. Box 4289, Farmi	ngton,	New Me	exico	87	499	)						
Reason(s) for Filing (Check proper box)						Other	(Please expla	ia)				
New Wall		Change in					_					
Recompletion	Oil Ordeshar		Dry Ga Condea				E'tt	ect.	10122	190		
	Curingher					+	D 0 D	Ox 2120	Union to a	7 <b>V 7</b>	7252 2120	
and address of previous operator Unit of the Unit of t	n Texa		oreum	ı corp	ora	11011,	r. u. B	UX 212U	, Houston	, IX / /	7 <u>252<b>21</b>2(</u>	
Lease Name		Well No. Pool Nan			Name, Including Formation				ind of Lease No.			
STATE COM "A		2E	L			MESAVER	DE	(Suce)	Federal or Fee	NM2	131-2	
Lexation	10	55			, \		, , ,	$\sim$	١.	1		
Unit Letter	خلــ: ـ	الدرر	. Feet Pr	roma Tibe _	N	Lise	andbas	<b>≥</b> C_ F₀	et From The 🖳		Line	
Section 16 Townsh	p 28	N	Range	091	1	, NA	rpm, S	AN JUAN			County	
THE DECIMENTAL OF THE AL	יייית יעמיו	ים מס מי	77 437	n Nam	1 TED 4	AT CAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  [Name of Ausborized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										w)		
Meridian Oil Inc.						P. O. Box 4289, Farmington, NM 87499						
Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔀 Union Texas Petrolrum Corp.						Address (Give address to which approved copy of this form is to be sent) P.O. Box 2120, Houston, TX 77252-2120						
If well produces oil or liquids,	Unk	Sec. Twy		n Pos			connected?		When?			
zive location of tanks.			, . <del>.</del> .	~8				1				
If this production is commingled with that	from any ot	her lease or	pool, gi	ve commit	gling	order numb	er:					
IV. COMPLETION DATA		Ton mi -		C. 51. 1	<b>-</b>	New Well	Workover	Deepea	Plug Back Sa	me Per'y	Diff Res'v	
Designate Type of Completion	- (X)	Oli Meti	!   '	Gas Well	-	LACM ALST	H OLTOVET	l neches	i tinfither la	NW T		
Date Spudded		pl. Ready to	o Prod.		1	ocal Depth			P.B.T.D.			
Planting (DF BYB BY CB)	No.	Name of Backsolon Committee				op Oil/Gas			This Death			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						The City Care	-,		Tubing Depth			
Perforations									Depth Casing S	hoe		
			<u> </u>		<del></del>	The Carl manes	IC BECOR					
UA E 6175	TUBING, CASING AND HOLE SIZE CASING & JUBING STAFE TO					EMENII	DEPTH SET	<u>.</u>	SA	SACKS CEMENT		
TALE SILE	1 100	CASING & JUBING SIGE IL					<u> </u>					
	(1.			· · · · · · · · · · · · · · · · · · ·	11.	<i></i>						
	_											
V. TEST DATA AND REQUE	ST FOR	ALLÓW	ABLE	לאכל :					<u></u>			
OIL WELL Ten mun be after	recovery of	iotal voliging	Officed	oil and m	ust be	e equal to or	exceed top all	owable for the	is depth or be for	full 24 hou	73.)	
Date First New Oil Run To Tank	F	Producing M	ethod (Flow, pr	emp, gas lift,	ric.)							
Length of Test	Tukina B	Tubing Pressure				Casing Press	ure 1	ति हि	Cokesity	FIM		
Licingua Gr. 2 Cot	luoing P	CBRUIT	SELTS							-		
Actual Prod. During Test	4.				Water - Bbls.			G22- MCF 3 1990				
								JU		•••		
GAS WELL	11225	Tari				Bhie Cond-	sate/MMCF	-OIL-(	-ON B	den ella		
Actual Prod. Test - MCF/D	Length of	icat				DOIS. COROCE	THE REAL TARTACOM	_	Dist. 3		· · · · · · · · · · · · · · · · · · ·	
Testing Method (pitot, back pr.)	J Tubing Pressure (Shut-in)				-	Casing Press	ure (Shut-ia)	•	Choke Size			
	74555	B 60° 5	Dr T .	NOT		Γ			1			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and remulations of the Oil Consequence.						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					j	MAY 1 5 1991						
is true and complete to the best of my knowledge and belief.						Date Approved						
Feslie Hahwayy						By But Oling						
Leslie Kahwajy Prod. Serv. Supervisor					or	SUPERVISOR DISTRICT #3						
Printed Name 6/15/90						Title						
Deta			lephone		-	1_				1	المستقلي منهند بس	
THE RESIDENCE OF THE PERSON OF									in the second second			

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

1) Request for allowable for newly deilled or desposed 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.