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Subra: 5 Corres
Appropriate District Office
DISTRICT
P.O. Box 1980, Hobbs, NM 88240

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

1 File 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 Ruo Brazos Rd., Aziec, NM 87410	BEC			•	BLE AND AUTHORIZ	ZATION			
Ţ	6				L AND NATURAL GA				
; Oktima							API Na -045-26524		
Accress									
P.O. Box 420, Farmi Reason(s) for Filing (Check proper box)	ngton,	NM 8	7499		Other (Piease explai	in)			
New Well	n Transpo	Effective 5							
Recompletion	Oil	Z	Dry Ga	us 🔲	Litective :	3-1-30			
Change in Operator	Casinghe	ead Gas	Conder	sate 📗					
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	ANDIE	FASE							
Lease Name	Well No. Pool Name, Including				ing Formation				ease No.
La Lee Ann		6		Ga11	egos Gallup Ext.	States	Federal or Fee	NM_3	7913
Location	185	50			Couth 105	0		lla-a-b	
Unit Letter	_ :		_ Feet Fr	om The _	South Line and 1850	<u> </u>	et From The _	West	Line
Section 28 Townshi	271	1	Range	13W	, _{NMPM} , San с	Juan			County
II. DESIGNATION OF TRAN	SPORT	ER OF O	IL AN	D NATU	RAL GAS				
Name of Authorized Transporter of Oil XX or Condensate					Address (Give address to which approved copy of this form is to be sent)				
Meridian Oil Inc.					P.O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casin El Paso Natural Gas	gnead Gas Co. (no	change	or Dīy⊹ ⊇)	cas	Address (Give address to whi	ся арргочеа	copy of this for	rm 11 10 0€ 1€	ni)
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	Is gas actually connected?	When	?		
ive location of tanks.	<u> </u>	128	127N	113W	yes	1_1_	27-86		
If this production is commingled with that	from any o	ther lease or	pool, giv	e comming	ling order number:				
V. COMPLETION DATA		Oil Wel	1 (Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)		. `	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2307			Ĺ
Date Spurided	Date Con	npl. Ready to	o Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth				
Perforations					Depth Casing Shoe				
		TIBING	CASIN	VG AND	CEMENTING RECORD		1		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET	SACKS CEMENT			
	!						!		
	1						1		
. TEST DATA AND REQUES	T FOR	ALLOW	ABLE					······································	
OIL WELL (Test must be after recovery of total volume of load oil and must								r full 24 how	·s.)
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pur	rφ, gas lift, e	ac.)		
Length of Test	Tubing Pressure				Casing Pressure	E. C.F. I A E			
Actual Prod. During Test	Oil - Bbls	_ 			Water - Bbls.	APR2 7 1990			
	<u> </u>						W CO1	J DIV	
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condensate/MMCF		Gravity of G	ndejske	• • •
ALLE TOLL TOLL TOLL TOLL TOLL TOLL TOLL T		_					יפוע		
festing Method (pitot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)		Choke Size		
L OPERATOR CERTIFIC				CE	OIL CONT	CEDV	ΛΤΙ ΩΝΙ Γ	אואופוים	M
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION				
Division have been compiled with and that the information gives above is true and complete to the best of my knowledge and belief.					Data Approved				
					Date Approved				
Bul Crane									
Signature Production Superintendent					By SUPERVISOR DISTRICT #3				
Printed Name Title					Title				
4-26-90 325-1821 Telephone No.					70				
Date		158		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	The state of the second section of the section of the second section of the section of th	Bet made of the	48 - 304 - 146 - K.C.	an same of the same of	

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 filled for each pool in multiply completed wells

