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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

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

COLLECT FOR ALL OWARD F AND ALTHORIZATION

<b>T</b>	new					AUTHUNI					
I. Operator		IO TRA	ANSP(	OHTO	L AND NA	TURAL G		ADI NI			
					Well API No. 30-045-21825						
Meridian Oil Inc. Address								-045-2182	25		
P. O. Box 4289, F	<u>armingto</u>	n, NM	<u>874</u>	99			,		· · · · · · · · · · · · · · · · · · ·		
Reason(s) for Filing (Check proper bo New Well	x)	<b>~</b> .	_			her (Please expl	lain)				
<b>=</b>	0.4	Change in	•								
Recompletion  Change in Operator	Oil	-	Dry Ga		ŗ	Effective	0/17/0	1			
CHEROLIE OPERATOR	Casinghe	ad Gas	Conden	sate			3/11/3				
if change of operator give name and address of previous operator	nion Tex	as Peti	roleu	m Corp	.: P.O.	Box 2120	. Houst	on. Texas	s 77252	-2120	
									×		
II. DESCRIPTION OF WEI	L AND LE							<del></del>			
Lease Name		Well No. Pool Name, Includ			-			of Lease		Lease No.	
Prichard Federal		2A	$\frac{1}{1}$ B1a	arico Me	esaverde			Federal or Fee SF078487-B		3487-B	
Location											
Unit LetterC	:99	0	Feet Fr	on The	N Li	ne and790	<u> </u>	eet From The _	W	Line	
Section 6 Town	nship 29	М	Range	081	√ , N	<b>IMPM,</b> Sa	an Juan	<del> </del>		County	
III. DESIGNATION OF TR	<u>ANSPORTE</u>			<u>D NATU</u>							
Name of Authorized Transporter of Oi	il X	or Condet	nsate		i	ve address to wi				ent)	
Meridian Oil Inc.					P.O. B	ox 4289,	Farming	ton, NM 87499			
Name of Authorized Transporter of Ca			or Dry	Giis 🔣		ve address to wi				ent)	
El Paso Natural Gas	Co.				Р.О. В	ox 4990,	Farming	ton, NM 87499			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actual	ly connected?	When	?			
rive location of tanks.	1		<u></u>	1				_			
f this production is commingled with the	hat from any oti	ner lease or	pool, giv	e comming	ling order nun	nber:					
V. COMPLETION DATA											
		Oil Well	C	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic	on - (X)	i	i		İ	i	j	i i			
Date Spudded	Date Com	pi. Ready to	Prod.		Total Depth	*		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	ormation		Top Oil/Gas	Pay		Tubing Depti	1		
		_							-		
Perforations				<del></del>				Depth Casing Shoe			
								'			
	7	TIBING	CASIN	JG AND	CEMENT	NG RECOR	D	<del></del> -			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
		CASING & TOBING SIZE				DEF III GET			· ·		
					<del>i</del>						
					+			<del></del>			
F					<del></del>						
. TEST DATA AND REQU	EST FOR A	LLOW	ABLE		<u>:</u>			<u> </u>			
OIL WELL (Test must be after				il and must	he equal to o	r exceed top allo	awable for thi	s denth or he fo	or full 24 hou	re l	
Date First New Oil Run To Tank	Date of Te		0, 1022 0		<del></del>	ethod (Flow, pu			F	.,	
	Date of Te	SA.			i roomening iv	(1 1011) pa					
ength of Test	Tubin D				Casing Press	1179		Choke Size	Ser 15	V in t.	
sengui or rea	I uoing rie	Tubing Pressure				Casing Fressure				<b>*</b> 1	
Actual Prod. During Test	100 500	Oil - Bbis.				Water - Bbls.			<u>P2 3 13</u>	91,	
actual Flot. During Test	Oil - Bbis.								Gas- MCF		
					<u> </u>					Philips 1	
GAS WELL								i	DIST &		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	sate/MMCF		Gravity of Co	ndensate	•	
						;				•	
esting Method (pitot, back pr.)	Tubing Pre	ssure (Shut	-in)	· · · · · · · · · · · · · · · · · · ·	Casing Press	ure (Shut-in)		Choke Size			
	1										
I. OPERATOR CERTIF	CATE OF	COMP	TIAN	CF							
				~ <b>_</b>	(	OIL CON	<b>ISERV</b>	ATION D	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					il						
is true and complete to the best of my knowledge and belief.					SEP 2 3 1991						
$\mathcal{L}$ - $\mathcal{L}$	·				Date	Approved	u			<del></del>	
- Didle Thi	PLUTER	C)					7	d			
Signature	-way	<del></del>		<del></del>	By_		مده	, One	~		
<u>Leslie Kahwajy</u>	Ρήσί	duction	<u>Ana</u>	lyst	'	9	SUPERVI	SOR DIST	RICT #	3	
Printed Name		· · · · · · · · · · · · · · · · · · ·	Title		Title			,	<del></del>	_	
9/20/91	505-	-326-97			'''''						
Date		Tele	phone 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.
- 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.