Liberit 5 Coules
Appropriate District Office
DISTRICT 1
F.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer O'D, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III				
1000 Rio Brazos	M.	Aziec	NM	£7410

DISTRICT III 1000 Rio Brasos Rd., Aziec, NM 87410				, , , , , , , , , , , , , , , , , , ,						•*			
L.						ATURAL C							
Operator		10 110	uvor	ONI OIL	AND N	ATURAL G		API No.					
MERIDIAN OIL INC.	 .												
P. O. Box 4289, Farmi	ngton,	New M	exic	o 874	99								
Researce(a) for Filling (Check proper box)				····		that (Please ary	رعنما						
New Well Recompletion	Off	or effects	Treasp Dry G		۶	Steet	- 6/2	3/90					
Change in Operator		4 C= 🗀	•		C	414	w/0~	-, , ,		1			
If change of operator give sems Unito	With address of previous operator tive seems Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120												
IL DESCRIPTION OF WELL				•			·						
Lases Name	Well No. Pool Name, Includin						CLeans Leans No.						
JAQUEZ Location		1	<u> </u>	BLA	NCO ME	SAVERDE	State,	Federal or Fee	SFO	078510			
Unit Letter N	10	06	Post P	horn The	<u>S.</u> ,	// bee est	(£) E	er Errer The	\mathcal{L}	Line			
Section 6 Township							SAN JUAN	~ 1.002 125 _					
College (Warm, College)													
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Number of Authorized Transporter of Oil or Condenses Address (Give address to which approved copy of this form is to be sent)													
Meridian Oil Inc.				P. 0.	Box 4289	, Farmin	gton, NM	87499					
Name of Authorized Transporter of Casing Union Texas Petrolrum	pead Gas Corp.		or Dry	Gu 🔀	Address (0	Box 2120,	v hich approved Houston	copy of this fo	rm is to be se 252-212	∞) ∩			
If well produces oil or liquids, give location of tunks.	Unit	Sec.	Twp	Rga		ally connected?			202 212	<u> </u>			
I this production is commingled with that I	From Ray out	er lease or	DOGL 16	ve comminel	ne order su	mber:							
IV. COMPLETION DATA													
Designate Type of Completion	- 00	Oil Well		Gas Well	New We	II Workover	Doepen	Piug Back	Same Res'V	Diff Res'v			
Date Spadded		pl. Ready to	Prod		Total Dep	<u> </u>		P.B.T.D.	<u></u>				
Elevations (DF, RKB, RT, GR, stc.)	Name of P	roducing Fo	matio		Top Oil/G	16 Pay		Tubing Dept	Thèise Death				
Perforations	<u> </u>												
Lettoration								Depth Caring	Shoe				
		TUBING,	ÇASI	NG AND	CEMEN	TING RECO	RD	·					
HOLE SIZE	CA	SING A TL	BING	SIZE	DEPTH SET			SACKS CEMENT					
V. TEST DATA AND REQUES	T FOR A	ILOW/	ARLE	<u></u>	L			1					
OIL WELL (Test must be efter n					be equal to	or exceed top at	lowable for thi	e depth or be f	or full 24 hou	rs.)			
Date First New Oil Run To Tank	Date of Te	4			Producing	Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure			Casing Pressure			50,54	A 16 1					
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.			E- 399	20						
	<u> </u>							92 3 13					
GAS WELL Actual Frod. Test - MCF/D	Langth of	Tare			RNe Con	leamie/MMCF	OIL	CON.	DIV				
room to a readily	resident of feat			Bott, Condition MINICP			0101:3						
onling Method (pitet, back pr.)	Tubing Pressure (Shut-is)			Casing Pressure (Shut-in)			Choka Siza						
VL OPERATOR CERTIFICATE OF COMPLIANCE					011 00	NOESV	ATION	20.4016					
I bereby certify that the roles and resolveless of the Old Consessation				OIL CONSERVATION DIVISION									
Division have been comptied with and that the information gives above in true and complete to the best of my knowledge and belief.													
Losli Kahusii					ا ا	Date Approved							
Signature	the Farways.			Ву	By								
Leslie Kahwajy Prod. Serv. Supervisor				SUPERVISOR DISTRICT #3									
6/15/90 (505)326-9700				Title									
Dete		Tele	phone .	No.]				1				

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.