Submit 5 Copies
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 Rottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II
P.O. Drawer DD, Antenia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

0		OIN	11121	OHI OIL	- AND NA	TUHAL G					
O perator Meridian Oil Inc.							Well	API No.			
Address					-						
P. O. Box 4289, Farm	ington,	NM 8	3749	9							
Reason(s) for Filing (Check proper box) New Well		a	· ·		ા	et (Please expir	sir)				
Recompletion	Oil	Change in	Dry (· ·	Ff	fective :	11/1/01				
Change in Operator	Casinghea	d Gas 🗌		camic		icctive .	11/1/91				
If change of operator give name and address of previous operator								·			
IL DESCRIPTION OF WELL	ANDIE	A CE									
Lease Name	AND LEA		Pool	Name, includi	ng Formation	g Formston Kind c			of Lease No.		
Nordhaus Location	1A Blanco Mesa				Conta			Federal or Fee SF078508			
Unit LetterF	:185	50	Feet i	From The No	orth	- 14	70 <u> </u>	et From The	West	Line	
Section 13 Township	• 31N	1	Rang	• 01	٨		n luan			C	
						Sa	n_Juan_			County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU							
Name of Authorized Transporter of Oil Meridian Oil Inc.	or Condensate				Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499						
	of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
	a Gas Gathering Company				P. O.	Box 1899	, Bloomf	Field, NM 87413			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actual	y connected?	When	?		-	
If this production is commingled with that if	TOTA ANY OLD	er lease or	nooi. e	ive comming	ing order num	her					
IV. COMPLETION DATA			, , , , , , , , , , , , , , , , , , ,	,	ang Oroca main			····			
Designate Type of Completion	· (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to 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			
	_								-5 5		
	Т	UBING,	CAS	ING AND	CEMENTI	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					! !			-			
		· · · · · · · · · · · · · · · · · · ·			!			-			
V. TEST DATA AND REQUES	T FOR A	LLOW	4 DY T								
					he equal to o	exceed ton allo	numble for this	denth or he	for full 24 hour	ì	
Date First New Oil Run To Tank	t after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date of Test Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure				Casing Pressure			Ghoke Size			
Actual Prod. During Test	Oil - Bbls.	il - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL										: &	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMF	LIA	NCE							
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					NOV 0 8 1991						
Signance Leslie Kahwajy Production Arta Lyst Privated Name 11/1/91 505-326-9700					Date	Approve	d				
					By Bill Our						
					SUPERVISOR DISTRICT #3						
											Date

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.