Submit 5 Conies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerais and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

P.O Erawar DD, Antena, PM gazzu		Sar	nta Fe		lexico 8750	14_2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	250										
I.						AUTHORI:	_				
Operator	TO TRANSPORT OIL AND NATURAL GAS Well API No.										
Meridian Oil Inc.							<u> </u>				
Address P. O. Box 4289, Farm	inaton	NM Q	7499								
Reason(s) for Filing (Check proper box)	ington	1111 07	1433		Oth	et (Please expl	zin)				
New Well		Change in	•		_	·					
Recompletion	Oil Casinghea	_	Dry Gas Conden		Ef.	fective :	11/1/91				
if change of operator give name	California		COBOCE		· · · · · · · · · · · · · · · · · · ·						
and address of previous operator		 .		*			7-7		***	·	
IL DESCRIPTION OF WELL	AND LEA		De el Me		F		1			 	
Nordhaus	2A				saverde			Kind of Lease State, Federal or Fee		Lease No. SF078508	
Location	·						1		31.070	<u> </u>	
Unit Letter	_ : 910)	Foot Fro	om The No	orth 🚎	. 162	25 Fe	et From The .	West	Line	
Section 11 Townshi	p 31N	Ī	Range	91	М	s Sai	n Juan			C	
	-	· · · · · · · · · · · · · · · · · · ·				<u> Jui</u>	1 Odan			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE			D NATU							
Meridian Oil Inc.					Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499						
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas 📉		e address to wi					
Sunterra Gas Gatheri	 .			-,	P. O. E	3ox 1899	, Bloom	field, N	M 87413		
If well produces oil or liquids, give location of tanks.	Unnit	Sec.	Twp.	Rge.	ls gas actuali	y connected?	When	?			
If this production is commingled with that	from any oth	er lease or p	ool, giv	e comming	ling order num	ber:					
IV. COMPLETION DATA			 _								
Designate Type of Completion	- (X)	Oil Well	G	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.	 .	Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<u> </u>		
Classes (DE DED DE CO	<u> </u>				7 010						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					J			Depth Casing Shoe			
	 -	 								<u></u>	
HOLE SIZE	TUBING, CASING AND							CACVE OFMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					!			!	, <u></u>		
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	_				1			
OIL WELL (Test must be after r			f load o	il and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	ethod (Flow, pu	mp, gas lift, i					
Length of Test	Tubing Pre	saire			Casing Pressure			Choke Size			
A De la Desar Terra	Oil - Bbis.				Water - Bbis.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Actual Prod. During Test								Gas- MCF	ANA DI	991.	
GAS WELL	·!				1			(7.	, CON	. भिष्रा	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	mie/MMCF	 	Gravity of C	Gravity of Condensate		
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					•	
Testing Method (pilot, back pr.)								Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COMP	[[A N	CF.	 			4			
I hereby certify that the rules and regul	ations of the	Oil Conserve	ation	CL	(OIL CON	ISERV.	ATION	DIVISIO	N	
Division have been comptied with and that the information given above is true and complete to the best of my knowledge and belief.					NOV 0 8 1991						
	1/3	_ •	•	,	∥ Date	Approve	d				
- Delle 9	Kan	wa	14				3.1	> di			
Signature Leslie Kahwajy Production Aria Ost											
Printed Name	Title				SUPERVISOR DISTRICT 13						
11/1/91 505-326-9700					11119						

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.

Telephone No.

- 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.