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 Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well A	API No.			
I -3								045 24490			
Address											
3300 North Butler Farming	gton, Nev	v Mexic	o 87	401							
Reason(s) for Filing (Check proper box)	,				X Oth	es (Please expla	iir)				
New Well		Change in	Transpo	orter of:	EF	FECTIVE 6	-1-91				
Recompletion	Oil		Dry Ga	نا ي							
Change in Operator	Casinghead	Gas 🔲	Conde	ante 🔲							
If change of operator give name	co Inc.	3300	North	Butler	Farmin	ton, New	Mayioo 9	27401			
and address of previous operator 1823	co inc.	3300	1401 11	Dutiei	raining	ton, new	MEXICO C	37401		• • • • • • • • • • • • • • • • • • • •	
II. DESCRIPTION OF WELL.	AND LEA	SE									
Lease Name	ng Formation			Kind of Lease State, Federal or Fee		esse No.					
FEDERAL STATE COM # 1 BASIN DAKOT					A (PRORAT	ED GAS)	1 - /	D-STATE		40	
Location											
Λ	. 1010		East Es	T NO	RTH Lin	1170) _{E-}	et From The E	AST	Line	
Unit Letter	- :		rea ri	om the		5 AUG	re	et Pioni The _			
Section 32 Township	, 30	N	Rance	11W	. N	MPM,	SA	N JUAN		County	
Section Township			A-		<u> </u>		· · · · · · · · · · · · · · · · · · ·				
III. DESIGNATION OF TRAN	SPORTE	R OF OI	I. AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden			Address (Giv	e address to wh	ich approved	copy of this for	m is to be se	ent)	
MERIDIANOIL CO	لــا				80 B	ox 428	89" F	ARMING	TON /	VM	
Name of Authorized Transporter of Casing	head Gas	$\overline{\Box}$	or Dry	Gas X	Address (Giv			copy of this for			
El Paso Natural Gas Comp	لين ١٠٠٠				nington, NM						
If well produces oil or liquids,	l Unit	Sec.	Twp.	Rge.	is gas actuali		When	-			
give location of tanks.		·		i		VES	i	1/1			
If this production is commingled with that i	rom any othe	er lease or r	nool. giv	ve comming!	ing order numi	 				······································	
IV. COMPLETION DATA	10111 7 001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				· . · · · · · · · · · · · · · · · · · ·				
IV. COM ELITON DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	- (X)	I WELL	-	Our Woll	1	1	l Dupus		4110 100 1	1	
Date Spudded	Date Comp	Ready to	Prod.		Total Depth	<u> </u>	L	P.B.T.D.		<u>.l</u>	
Date Spicoes	Danc Comp	. Roady to	1100.					1.5.1.5.			
En (DE DYD DE CD) No (De bein Formation					Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								rusing Depar			
Perforations					<u> </u>		 	Depth Casing	Shoe		
1 41/4 an one											
	•	UDDIC	CACI	NIC AND	CEMENTT	NG PECOP	<u> </u>	·L			
	T				CEMENTI	NG RECOR	<u> </u>		CVC CEM	CNIT	
HOLE SIZE	CAS	ING & TU	BING	SIZE	ļ	DEPTH SET		3,	CKS CEM	CIVI	
					 						
											
	ļ <u>-</u>				 			 			
TO THE AND DECLICE	TO ECOD A	I I AWA	or r		<u> </u>			J			
V. TEST DATA AND REQUES	I FOR A	LLUWA	BLE	. 11	La constan on		abla for thi	a dansk or ka fo	- 6.11.24 how	\	
OIL WELL (Test must be after re			oj ioaa	ou ana musi		ethod (Flow, pu			juii 24 nou	73.)	
Date First New Oil Run To Tank	Date of Tes	ŧ			Producing ter	eulou (<i>Flow</i> , pu	mφ, gas iyi, t	i.c.,		- 6	
								Choke Size			
Length of Test	Tubing Pres	sure			Casing Press	iie		Leg K I V B W			
					Water - Bbls.			- 10 10 10 10 10 10 10 10 10 10 10 10 10			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				water - Bois.			a 10 ¹	91	
	<u> </u>				<u> </u>			1818 - 11 V	12 /2 13		
GAS WELL								An Hilly		DIV.	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Co	gochszle	<u> </u>	
								William Control			
Testing Method (pitot, back pr.)	Tubing Pres	soure (Shut-	in)		Casing Press	ure (Shut-in)		Choke Size			
W +											
AN ODED ATOD CEDTIEIC	ATE OF	COM	TTAN	ICE	1						
VI. OPERATOR CERTIFICATE OF COMPLIANCE					(OIL CON	ISERV.	ATION D	IVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					1						
is true and complete to the best of my knowledge and belief.					D-4-	A	<u>م</u>	MAY 2	1991		
/	1				Date	Approve		·.			
V m m. 00., 1					By Bin day						
4.111.11 feller					By_			~ \ C	Krong	·	
Signature K. M. Miller Div. Opers. Engr.							SUP	ERVISOR	DISTRIC	TA	
Printed Name			Title		Title			- 0111	- 10 1 MIC	· + 3	
April 25, 1991		915–6			''''				<u> </u>		
Date		Tele	phone 1	√10 .							

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.