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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	REQ					AUTHORIZ TURAL GA					
Operator Meridian Oil Inc.					<u> </u>			Pl No.			
Address	inatan	NIM O	7400	<u></u>							
P. O. Box 4289, Farmi Resease(s) for Filing (Check proper box)	ngton,	, INIPI 8	7499		Oth	et (Please expia	úr)				
New Well	0"	Change in	-								
Recompletion	Oil Casinghe		Dry Gas Conden		Ef	fective	2/19/91				
If change of operator give name and address of previous operator										·	
IL DESCRIPTION OF WELL	ANDIE	ACF									
Lease Name	Well No. Pool Name, Includi							Lease Lease No.			
Riddle E Com	250 Basin Frui			tland Coal			SF-078319				
Unit Letter I : 1740 Feet From The South Line and 1034 Feet From The East Line											
Section 4 Township 30N Range 9W NMPM, San Juan County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate					1		• •	copy of this form is to be sent)			
Meridian Oil Inc. Name of Authorized Transporter of Casing	inghead Gas or Dry Gas X			P. O. Box 4289, Farmin Address (Give address to which approved							
Meridian Oil Inc.						ox 4289.			87499		
If well produces oil or liquids, give location of tanks.	Unit 	Sec.	Twp. 	Rge.	is gas actuali	y connected?	When	?			
If this production is commingled with that	from any of	her lease or	pool, giv	e comming	ing order numb	ber:					
IV. COMPLETION DATA		lon W. II		ias Well	New Well	Workover	Deepen	Plug Back	Sama Pasiu	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	1	ME MEII		WOIKOVER	Deepen	riug Back	Salle Kes v	Dill Resv	
Date Spudded	Date Com	ipi. 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			
		TIDDIC	CASD	IC AND	CEMENTI	NC PECOPI	<u> </u>	ļ	·	!	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENTI	DEPTH SET	<u> </u>	SACKS CEMENT			
							i	<u> </u>			
					1						
	1							<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after r					he equal to or	exceed top allo	unhle for this	denth or he fi	e full 24 kora	es.)	
Date First New Oil Run To Tank		be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)									
					Cosing Progr		<u>-</u>	Choke Size			
Length of Test	Tubing Pressure				Caking Freeza	Casing Pressure			n Farive a		
Actual Prod. During Test Oil - Bbis.				Water - Bbis.			GG-MCF				
	<u> </u>							FEE	1 <u>1 9 199</u>	1.	
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	mate/MMCF	-	Carried of C	proper	NV	
							Choke Size DIST. 3				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			CHORE 2/25			
VI. OPERATOR CERTIFIC	ATE OF	F COMP	LIAN	ICE			ISEDV	ATIONI	אואופור		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved FEB 1 9 1991						
to New Hahmann					A 2						
Signature Charles Analyst					By Chang						
Leslie Kahwajy Production Analyst Printed Name Title					Title SUPERVISOR DISTRICT #3						
2/19/91	50	05-326-			11119			· · · · · · · · · · · · · · · · · · ·			
Date		î ere	phone N	U.	II						

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.