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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410  I.						AUTHORI TURAL G					
Operator Meridian Oil Inc.					Well API No. 30-045-27765						
Address	1400								<del></del>	<del></del>	
P. O. Box 4289. Fari Reason(s) for Filing (Check proper box)	mington,	NM 8	7499	)		na (Blassa ami	aim)				
New Well		Change in 1	Transpo	orter of:		et (Please expl	aun)				
Recompletion	Oil		Dry Ga		Ef	fective	9/17/91				
Change in Operator   If change of operator give name	Casinghead	Gas	Conden	sate							
and address of previous operator Unic	on Texas	Petro.	leum	Corp.	; P.O. B	ox 2120,	Houston	n, TX	7252-21	20	
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	ا سرد	Well No.			ing Formation	Coal 716		of Lease Federal or Fe		Lease No.	
State Com 31-8 153			Ва	SIN FI	- Italia	COA1 / 16	2		<u> </u>	100	
Unit LetterM	_ :12	25	Feet Fn	om The	south Lin	e and	15 F	et From The	west	Line	
Section 2 Townsh	i <b>p</b> 31N		Range	8W	, NI	<b>мрм,</b> S	an Juan			County	
III. DESIGNATION OF TRAN	SPORTFI	OF OI	I. ANI	D NATII	RAI. GAS						
Name of Authorized Transporter of Oil		or Condens				ne address to wi	tick approved	copy of this	form is to be s	ent)	
Water 3868					A		Lisk		·		
Name of Authorized Transporter of Casin Williams Field Service		_	or Dry ( Ç\$	Gas X	1	e address to wh x. 3102, "				ent)	
If well produces oil or liquids,			Twp.	Rge.	Is gas actuali		When				
give location of tanks.	1 1				No						
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or po	ool, giv	e comming	ing order numi	ber:	_ <del>_</del>				
		Oil Well	0	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded	- (X) Date Compl	Bandu ta I			Total Depth	<u> </u>	<u> </u>	L	L		
Date Spraner	Date Compi	. Ready to 1	riou.		Тога Бери			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations					1	Depth Casing Shoe					
	T	UBING, C	CASIN	NG AND	CEMENTI	NG RECOR	D	<u>'</u>			
HOLE SIZE CASING & TUB				SIZE DEPTH SET				SACKS CEMENT			
	!			<del></del>	i i	<del></del>					
	İ							İ.			
V TECT DATA AND DECLIES	CT FOR A	I OWA	DIE		l						
V. TEST DATA AND REQUES OIL WELL (Test must be after t				oil and must	be equal to or	exceed too allo	wable for thi	s depth or be	for full 24 hou	<b>45.</b> )	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ıre		Choke	EC	- 1 N L	
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCI	SEP2	3 1991	
GAS WELL	<u>'</u>				!			C	IL CO	N DI	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condens DIST. 3			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	<del></del>	<u></u>	
VI. OPERATOR CERTIFIC	ATE OF	COMPI	LIAN	ICE.							
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.					SEP 2 3 1991						
£ 1 1/	· · ·				Date	Approve	<b>a</b>	Λ	· · · · · · · · · · · · · · · · · · ·		
	efleco	14			By_	_	(برندة	. El.	/		
Signature Leslie Kahwajy Printed Name	Prod	uction	Ana Tille	lyst					RICT #	آرُ	
9/20/91	<u> 505-</u>	32 <b>6-</b> 970			Title		<del></del>				
Date		Telepi	hone N	0.							

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 multi-viv completed wells.