Submit 5 Copies
At propriete District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

m C-104 tend 1-1-39

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

000 Rio Brizos Rd., Azzec, NM 87410	REQUEST FOR									
perator	TO TRANSPORT OIL AND				Well API No.					
Meridian Oil Inc.				30-045-28571						
PO Box 4289, Fa	rmington, NM	87499								
meon(s) for Filing (Check proper box)			Other (Please explain	R)					
w Well	Change in Tra	nasporter of:	_ 	der No	P95	63 for	NST.	NSP		
completics	Où 🗆 Dr	ry Gas 🔲		d exce						
sage in Operator	_	ondenmate	an	a exce	Deron (D Orde	T V-24	37		
bange of operator give name										
address of previous operator										
DESCRIPTION OF WELL	AND LEASE									
ees Name		ol Name, Includi	ng Formation		Kind of		1	ease No.		
Howell L	5	Navajo (City Cha	cra	State, F	ederal or Fee	SF-0	78385A		
cetica										
G	2040	et From The No	orth Line as	2030	Fee	t From The _	East	Linsu		
Unit Letter	- : ₈₀₄ feet	from S	orth Lime as outh line	and 8	31 fee	t from	East	line-at		
Section 34 Towash	3 U M -	81	W , NMP		San Ju	an		County		
30000	<u> </u>									
. DESIGNATION OF TRAI	NSPORTER OF OIL	AND NATU	RAL GAS							
ime of Authorized Transporter of Oil	or Condensat		Address (Give a	ddress to whi	ch approved	copy of this fo	rm is to be se	ent)		
Meridian Oil In	• I I I I I		PO Box 4289, Farm			ngton,	NM 8	37499		
ime of Authorized Transporter of Casi	of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give a	dáress 10 whi	ich approved	oved copy of this form is to be sent)				
El Paso Natural			1	4990,				7499		
well produces oil or liquids,		wp. Rge.	is gas actually c		When					
e location of tanks.		30 8			i					
his production is commingled with the			ling order number							
COMPLETION DATA	I HORE MAY OURSE REASON PO	or, give consume					-			
. COMPLETION DATA	Oil Well	Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		I X	X I	10120101	24-7-1		ļ	į		
<u> </u>	Date Compl. Ready to Pr		Total Depth			P.B.T.D.				
te Spudded			1	• (1771)		1.5.1.5.				
08-19-91	10-11-		Top Oil/Gas Pay			Tubing Deal				
evations (DF, RKB, RT, GR, etc.)	Name of Producing Form	SALIOD	1 .	,		Tubing Dept				
6067'GL 607/	Chacra		4031'			599				
formions 4031-76',41	20-4208',429	9-4344',	4477-452	1',470)1-83 ',	i Depui Casin	g 200e	, ,		
006-44',5179-5222	2'.5401-45'.	5624 - 69 '	.5758-58	00'.59	78-602	2'(pre	drille	ad liner		
	TUBING, C	ASING AND	CEMENTING	<u> 3 RECORI</u>	<u> </u>					
HOLE SIZE	CASING & TUB		0	EPTH SET			SACKS CEM	IENT		
17 1/2"	13 3/8"		325			417	Cu.ft			
12 1/4"	9 5/8"		3798 '			1835	cut	<u> </u>		
	5 1/2"		3713-		did	not cr	nt .			
	2 3/8"		5990'							
TEST DATA AND REQUI	EST FOR ALLOWA	BLE				<u> </u>				
IL WELL Test must be after	recovery of total volume of	load oil and mus	i be equal to or ex	iceed top allo	wable for this	depth or be	for full 24 ho	uqs.)		
ate First New Oil Run To Tank	Date of Test		Producing Meth	od (Flow, pu	mp, gas lýt, e	IC.				
ale First New Oil Ruit 10 12m2	Date of Tex					- 1 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 1 - 1	Tari tang	GH.		
	Tubing Program		Casing Pressure			Cook Size	01/2 03	201		
ength of Test	Tubing Pressure					N.	0V1 91	331.		
			Water - Bbis.							
ctual Prod. During Test	Oil - Bbls.	Oil - Bbis.		Water - Doile			COM	. DIV.		
	<u> </u>		l .			<u>i</u>	DI51.	3		
AS WELL							_			
cousi Prod. Test - MCF/D	Length of Test		Bols. Condense	MMCF		Gravity of	Condensate			
781										
/ 0 /	Tubing Pressure (Shut-in	n)	Casing Pressur	(Shut-in)		Choke Size				
sting Method (pitot, back pr.)		-,				3/4"				
backpressure	440		_ 45]			<u></u>				
L OPERATOR CERTIFI				II CON	JSERV	MOITA	DIVISI	ON		
I hereby certify that the rules and re-		OIL CONSERVATION DIVISION DEC 17 1991								
Division have been complied with and that the information given above							11			
is true and complete to the best of the	ry knowledge and belief.		Date	Approve	nd	<u> </u>				
	_ =			F- F- :						
Sugar DA	adhuld		B					OF ENGINE		
Sigheture			By_			HNAE EKON	ED BY EN	TESTER ST		
Peggy Bradfield	Reg.Af		-	nec	S JIO YTUS	GAS INSPI	ector, dis	1. 券3		
Printed Name		Title	Title_	UC P	017 950					
11-11-91	326 - 97	0.0			_					
Date	Telep	bone No.	- 11							

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.