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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 Pre-

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410					TEXTCO 913					
					BLE AND					
I. Operator		TO TRAN	<u>NSPC</u>	PRT O	L AND NA	TURAL G				
Meridian Oil Inc.							Weil	API No.		
Address P.O. Box 4289, Farm	ington.	NM 87	,499							
Reason(s) for Filing (Check proper box)					Oth	et (Pirase exp	lain)			<del></del>
New Well		Change in T	TRESPOR	ter of:		(1 A C				
Recompletion	Oil	_	Ory Gas							
Change in Operator	Casinghead		Condens	_						
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	<b>LSE</b>					···,			
Lease Name Newco	Well No.   Pool Name, Including Formation 101   Basin Fruitland Co					Caral State Follows - For				
Location			Das I.	1114.	retaile co	Jai			NM-5	8887
Unit Letter	_:1190	<u>0</u> F	eet From	m The <u>Sc</u>	outh Lin	e and145(	<u>)                                    </u>	et From The	East	Line
Section 19 Townshi	p 32 No	orth R	lange	9 Wes	st N	MPM, Sa	an Juan			County
III. DESIGNATION OF TRAN	SPORTE	R OF OU	. A NT	NATT	DAL CAS	-				
Name of Authorized Transporter of Oil		or Condensa		X	Address (Giv	e address to wi				eni)
Meridian Oil Inc.					P.O. Bo	ox 4289,	Farming	ton. NM	87499	
Name of Authorized Transporter of Casing			r Dry G		Address (Giv	e address to wi	hich approved	copy of this f	orm is to be s	ent)
El Paso Natural Gas			<del></del> ,		P.U. BC	ox 4990,	Farming	ton, NM	87499	
If well produces oil or liquids, give location of tanks.	•		Wp.	Rge.	is gas actuali	y connected?	When	?		
	0		32N	9W			L			
If this production is commingled with that it.  IV. COMPLETION DATA	from any othe	er lease or po	ol, give	comming	ling order numi	ber:				
Designate Type of Completion	~	Oil Well		s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded				<u> </u>	X	<u> </u>	L	<u> </u>	1	1
8-15-88	Date Compl. Ready to Prod.				Total Depth 34751			P.B.T.D.		
	8-20-88				<u>.</u>			N/A		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Basin Frt. Coal				Top Oil/Gas Pay			Tubing Depth		
6654' GL Perforations	DaSIII	FIL. CC	oar		Upen	Hole		346		
Open Hole								Depth Casin	-	
	TI	UBING, C	ASIN	G AND	CEMENTI	NG RECOR	D	,		
HOLE SIZE	CASING & TUBING SIZE				1	DEPTH SET	<del>-</del>	SACKS CEMENT		
12 1/4"	9 5/8"					2291		177 cf		
3 3/41	711				3216'	<del></del>	1068 cf			
6 1/4"	Open Hole			3475'				00 01		
		2 3/8"	,			3461'		<del></del>		
V. TEST DATA AND REQUES OIL WELL (Test must be after re				and muse	he equal to or	avanal tan alla			<i> 11 24 1</i>	
Date First New Oil Run To Tank	Date of Test		iona ou	una musi		thod (Flow, pu			or juli 24 nou	rs.)
Length of Test	Tabia Da				Casina Proper			Choke Size		<del></del>
congar or rea	Tubing Pressure			Casing Pressure			CHORE SIZE			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL					J			1		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
Back Pressure	SI-197				SI-6	43	· · · · · · · · · · · · · · · · · · ·			
I. OPERATOR CERTIFICA			IANC	Œ		:				
I hereby certify that the rules and regula	tions of the C	Dil Conservati	ion			DIL CON	ISERV	I NOITA	DIVISIO	)N
Division have been complied with and t	hat the inform	nation given s	above					<b>C</b> 1	EB 27	1989
is true and complete to the best of my knowledge and belief.					Date	Δηςιτουσ	4	7	LD &	1000
1.6 Tune	20					Approve	u			<del></del>
Signature State file	ld		<del> </del>		    By	(	Original Sig	ned by FRA	NK T. CHA	VEZ.
	Regulato	ory Affa	airs		-, -					<del></del>

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(505) 326-9727

Printed Name

Date

January 16, 1989

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

SUPERVISOR DISTRICT # 3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

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.