

LC-004

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

DISTRICT I  
P.O. Drawer DD, Artesa, NM 88210

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

58990

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator MERIDIAN OIL INC. Well API No. 30-025-1169200  
Address P. O. BOX 51810, MIDLAND, TX 79710-1810

Reason(s) for Filing (Check proper box)  
New Well  Change in Transporter of:  Other (Please explain)  
Recompletion  Oil  Dry Gas  To correct Gas Gatherer from El Paso Natural  
Change in Operator  Casinghead Gas  Condensate  Gas Co. to Sid Richardson Carbon & Gasoline  
Company.  
If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Carlson Harris and Fed Con Well No. 1 Pool Name, including Formation Jalmat Tans-11 Yt. 7.R Kind of Lease State Federal or Fee LC 0325790 Lease No.  
Location  
Unit Letter L 1980 Feet From The S Line and 660 Feet From The W Line  
Section 22 Township 25-S Range 37-E NMPM. LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  
Sid Richardson Carbon & Gasoline Co. 201 Main Street, Ft. Worth, TX 76102  
If well produces oil or liquids, give location of tanks. Unit. Sec. Twp. Rge. Is gas actually connected? Yes When? 9-2-55

If this production is commingled with that from any other leases or pool, give commingling order number: SID RICHARDSON GASOLINE CO. - Eff. 3/1/93

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. 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		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  
Date First New Oil Run To Tank \_\_\_\_\_ Date of Test \_\_\_\_\_ Producing Method (Flow, pump, gas lift, etc.) \_\_\_\_\_  
Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_  
Actual Prod. During Test \_\_\_\_\_ Oil - Bbls. \_\_\_\_\_ Water - Bbls. \_\_\_\_\_ Gas - MCF \_\_\_\_\_

GAS WELL

Actual Prod. Test - MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
Testing Method (pilot, back pr.) \_\_\_\_\_ Tubing Pressure (Shut-in) \_\_\_\_\_ Casing Pressure (Shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Connie L. Malik  
Signature  
Connie L. Malik, Regulatory Compliance Rep.  
Printed Name Title  
1/22/92 915-688-6891  
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 03 '92

Date Approved \_\_\_\_\_

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_

FOR RECORD ONLY ADD 20100

- 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.

RECEIVED  
APR 26 1958  
U.S. DEPARTMENT OF AGRICULTURE

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

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator MERIDIAN OIL INC. Well API No. 30-025-1169200  
 Address P. O. BOX 51810, MIDLAND, TX 79710-1810

Reason(s) for Filing (Check proper box)  Other (Please explain)  
 New Well  Change in Transporter of:  To correct Gas Gatherer from El Paso Natural  
 Recompletion  Oil  Dry Gas  Gas Co. to Sid Richardson Carbon & Gasoline  
 Change in Operator  Casinghead Gas  Condensate  Company.

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: Carlson Harris and Co Well No. 1 Pool Name, including Formation Salamat Tans-11 Y.T. 7-R Kind of Lease State or Fee CC 032579C Lease No. \_\_\_\_\_  
 Location  
 Unit Letter L : 1980 Feet From The S Line and 660 Feet From The W Line  
 Section 22 Township 25S Range 37E NMPM. Lea County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent) \_\_\_\_\_  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent) Sid Richardson Carbon & Gasoline Co. 201 Main Street, Ft. Worth, TX 76102  
 If well produces oil or liquids, give location of tanks: \_\_\_\_\_ Unit \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rgn. \_\_\_\_\_ Is gas actually connected? Yes When? 9-2-55

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. 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		

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  
 Date First New Oil Run To Tank \_\_\_\_\_ Date of Test \_\_\_\_\_ Producing Method (Flow, pump, gas lift, etc.) \_\_\_\_\_  
 Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_  
 Actual Prod. During Test \_\_\_\_\_ Oil - Bbls. \_\_\_\_\_ Water - Bbls. \_\_\_\_\_ Gas - MCF \_\_\_\_\_

**GAS WELL**

Actual Prod. Test - MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
 Testing Method (pilot, back pr.) \_\_\_\_\_ Tubing Pressure (Shut-in) \_\_\_\_\_ Casing Pressure (Shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Connie L. Malik  
 Signature  
Connie L. Malik, Regulatory Compliance Rep.  
 Printed Name Title  
1/22/92 915-688-6891  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved FEB 03 '92  
 By \_\_\_\_\_  
 Title \_\_\_\_\_

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator MERIDIAN OIL INC.	Well API No. 30-025-11692
Address 21 Desta Drive Midland, Texas 79705	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: Effective 2-1 -89 Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Doyle Hartman P.O. Box 1861 Midland, Texas 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carlson-Harrison Fed Com	Well No. 1	Pool Name, including Formation Jalpat (Gas) Yates-SR	Kind of Lease State, Federal or Fee XXX XXXX	Lease No. LC-032579C
Location Unit Letter L : 1980 Feet From The S Line and 660 Feet From The W Line Section 22 Township 25-S Range 37-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P.O. Box 1492 El Paso, Tx. 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					yes	9-2-55

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Connie Monahan*  
Signature  
Connie Monahan Operations Tech III  
Printed Name Title  
2-24-89 915/686-5681  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 8 1989  
By ORIGINAL SIGNED BY JERRY SEXTON  
Title DISTRICT I SUPERVISOR

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

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RECEIVED  
MAR 1 1989  
OCD  
HOBBS OFFICE