STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTI	ON		Γ
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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
OPERATOR			

PROBATION OFFICE

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								
METEOR DEVELOPMENTS,	INC.							
Address 12842 Valley View Stre	eet, Su	ite 104,	Garde	n Grov	e, CA 92	2645		
Reason(s) for filing (Check proper box)					Other (Please	explain)		
New Well	Change in	Transporter o	f:					
Recompletion	Oil Dry Gas							
X Change in Ownership	Casin	ghead Gas	<u>م []</u>	ndensate	Effect	ive Dat	ce: 2-1-87	
If change of ownership give name and address of previous owner	f change of ownership give name Mobil Producing Texas & New Mexico, Inc. 0. Croonway Plaza Suito 2700 Houston TV 770/6							
II. DESCRIPTION OF WELL AND LI	EASE							
Lease Name		Pool Name, Including, Formation		ł	Kind of Lease		Lease No.	
Santa Fe Pacific	6	Crossroa	ads,Dev	onian	T State, Federal or Fee Fee		erator Fee Fee	
Unit Letter I : 990	Feet Fron	The East	Line	and <u>16</u>	51.8	_ Feet Fro	m The South	
Line of Section 22 Townshi	<u>⊳ 9–S</u>	R	ange	36-E	, NMPM	·Lea	·····	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TA								
Name of Authorized Transporter of Oll 🕅 or Condensate 📋 Address (Give address to which approved copy of this form is to be sent)								
Mobil Pipe Line Company P.O. Box 900, Dallas, TX 75221								
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [] Warren Petroleum Co.							proved copy of this form is t OK 74102	o be sent)
If well produces oil or liquids, give location of tanks.		23 7wp. 9	Rge. 36	-	tually connecte CS	nd? V	When March 20, 1973	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Thomas M. Meaner
(Signature)
Vice President, Corporate Secretary
 (Title)
 February 2, 1987
 (Date)

. 01	L CONSERVATI	ON DIVISIO	NC			
APPROVED_	JUN 2	1987				
BYORIGINAL SIGNED BY JERRY SEXTON						
TITLE	DISTRICT I SU	JPERVISOR				

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.

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

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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IV. COMPLETION DATA

Designate Type of Completio	on - (X)	OII Well	Gas Well	New Well	Workover	Deepen 1	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl.	. Ready to Pr	rod.	Total Depth		J	P.B.T.D.	L	<u></u>
Elevations (DF, RKB, RT, GR, etc., Name of Pr		ducing Form	ation	Top Oll/Gas Pay			Tubing Depth		
Perforations							Depth Casir	ig Shoe	
		TUBING, C	CASING, AND	CEMENTI	IG RECORD)			
HOLE SIZE	NG & TUBIN	IG SIZE		DEPTH SE	Γ	SA	CKS CEMEN	17	
					•				
1							1		

 V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of sotal volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

 OIL WELL
 able for this depth or be for full 24 hours)

 Date First New Oil Run To Tanks
 Date of Test

 Producing Method (Flow, pump, gas lift, etc.)

Longth of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Pred. During Tent	CII-E51 8.	Water - Bbls.	Gas+MCF

AS WELL

	Actual Frod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
2.	Teeling Method (pitol, back pr.)	Tubing Pressure (Shnt-13)	Casing Pressure (Sbut-in)	Choke Size
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HCBBS OFFICE

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