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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bettom of Page

## OIL CONSERVATION DIVISION

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

DISTRICT III 1000 Rio Brazos Rd., Azaec, NIM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NS	PORT OIL	AND NA	TURAL G					
Operator								Wall API No. 30-025-24144			
METEOR DEVELOPMENTS Address	, INC.					··		<u> 30-02</u>	5-24	144	
511 16TH STREET, SU	IITE 40	O DEN	VER	, CO 802	02						
Reason(s) for Filing (Check proper box)	72.12			<u>,                                    </u>		set (Please expl	air)				
New Well		Change in		- —							
Recompletion	Oil Casinghes	□	Dry	Ges 🗆	E f f	nctivo Sa	ntombor	1 1001			
If there of cocopier give name Daniel Daniel Daniel Company 511 16th Ct. Suito 400 Donyon CO 90202											
and address of previous operator BOYO	ieaux P	etrole	LATA	company,	511 10	ın 3ı., .	suice 40	o, belive	,	UZUZ	
II. DESCRIPTION OF WELL.	AND LE		<b>,</b>						<del></del>		
Lease Name Santa Fe Pacific R.	R. 3 Crossroads				ag Formation Kund of State, State,			Lease No.			
Location Santa Pe Pacific N.											
Usit Letter C : 990   Peet Prome The   North   Line and   2310   Peet Prome The   West   Line											
Section 27 Township 9-S Range 36-E NMPM, Lea County											
THE PROPERTY OF THE AND	CDADTE	D OF O	<b>.</b>	NIES NIA WEIT	DAI CAC						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Try or Condensate Address (Give address to which approved copy of this form is to be sent)											
Mobil Pipeline Company						P O Box 900 Dallas TX 75221					
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum						Box 1589					
If well produces oil or liquids, give location of tanks.	Undex   Sec.   F   27		Twp.   Rgs   9S   36E		Is gas actual	ly connected?	Whea	, <u>or vears</u>	unkno	)WI)	
If this production is commingled with that f	rom any oth							70013	WITH THE		
IV. COMPLETION DATA		<u></u>									
Designate Type of Completion	- (X)	Oil Well		Ges Well	New Well	Workover	Despea	Plug Back S	eme Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	R, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
•											
	TUBING, CASING AND										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SA	SACKS CEMENT		
a made no months	W 500 4	TT OW	. 53					<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he emiol to o	exceed top allo	owable for this	depth or be for	full 24 hou	rs.)	
DIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank   Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
							<u></u>	Choke Size			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Circus Sills		
Actual Prod. During Test	Oii - Bbis.				Water - Bbls.			Gas- MCF			
GAS WELL	<u></u>				<u> </u>			<u> </u>			
Actual Prod. Test - MCF/D	Bbls. Conde	sate/MMCF		Gravity of Co	Gravity of Condensate						
								Osaka Siaa			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COMP	LL	NCE		0.11.001	iocov	ATION 0		\A.I	
I hereby certify that the rules and regulations of the Oil Conservation					1	OIL CON	NSEHV	ATION D	IVISIC	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							٦ ،	OT 9 1	1001		
					Date	Approve	au	CT 21	<b>1021</b>		
DR Star						By ORIGINAL SIGNED BY JERRY SEXTON					
Signature Dennis R. Staal Treasurer					DISTRICT I SUPERVISOR						
Printed Name			Title	)	Title						
10/14/91 Date	30	03/572 Tele	-11 phone								

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.