District I PO Bez 1900, Hebbs, NM 88241-1900 District []

State of New Mexico
Energy, Minerals & Natural Resources Dep

Form C-104
Revised February 10, 1994
Instructions on back
Appropriate District Office

PO Drawer DD, Artesia, NM 88211-6719

Meridian 011 Inc. P.O. Box 51810 Mild and, Texas 79710-1810 Meridian Mild and, Texas 79710-1810 Mild and, Texas 79710-18		REQUE	ST FOR	ALLOWA	BLE AN	ND A	UTHORIZ	ATION	TO TR	ANSPOR	MENDED REF RT	
Mid and				week and Vodi	CB4			26	485	' OGRID No	mber	
Bottom Hole Location Feet From the Surface Conservant			79710-18	310				NW	'R	cases for FW	ng Code	
Property Carlo Decided Table Decided Property Name 1 1 1 1 1 1	_		D. e	fala Vat	3	Pool Nam	H				* Pool Code	
Description	' Proper	ty Code			15	operty Na					08180	
Transporters Tr	`	14674		durant F	ederal ————					# 11	Well Number	
Bottom Hole Location Section Torenally Range Let Ide Feet from the Section South as Section	or lot no. Sec	tion Township	Range	Lot.ida						ant/West Eas	Constr	
Section Section Termship Range Let Ida Feet from the North/Seeth Ease Feet from the Section Sect	7 t 11 Bott		- 1	<u> </u>	990		North	330		_		
Samp as Surfrace Le Code "Profession Method Code" "Gas Connection Date "C-129 Private Number N/A" Oil and Gas Transporters "Transporter Number of Description of Descript	Ler lot se. Sec	tion Township		Lot Ida	Feet from	the .	North/South E	e Foot fr	em the E	(N #		
Oil and Gas Transporters "Transporters "African and Advisor and Advisor and Advisor and Advisor and Advisor and Description TX/NM Pipeline Co. P.O. Box 1510 Midland, Tx P.O. Box 1510 Midland, Tx Ut. C, Sec. 1, T19S, R32E Produced Water "POD All 1			odo " Car	Committee							County	
Transporter Name Transporter Name Seed Advisor A	F	Р		Connection Da		29 Permi 'A	Number	" C-129 E	Mective Date	" C-	129 Expiration Dat	
Table Sta	Oil and (<u></u>					
TX/NM Pipeline Co. P.O. Box 1510 Midland, Tx 2810 8 G P.O. Box 1510 Midland, Tx 2810 8 G P.O. Box 1429 Bloomfield, NM Produced Water P	OGRID					" POD	" O/6		2 PO	D ULSTR Lo	cation	
Produced Water Produc	2628	Tx/NM Pipe	eline Co).	2	8110	160					
Produced Water Produced in Sec. 5, T1985, R28E (8WD318) hauled by I 8 MInc. C 164 Mee. Well Completion Data Produced in Sec. 5, T1985, R28E (8WD318) hauled by I 8 MInc. C 164 Mee. Well Completion Data Produced in Sec. 5, T1985, R28E (8WD318) hauled by I 8 MInc. C 164 Mee. Well Completion Data Produced water Production Assistant Approval Date: Will Conservation Division have been compiled to the best of my OIL CONSERVATION DIVISION Production Assistant Approval Date: Production Assistant Approval Date: Production Assistant	1171							U	t. C, S	Sec.1, 1	19S, R32E	
Produced Water	71/1	Lonoco		•		8110		11+	II+ C C 1 T			
Well Completion Data **Spead Date** 3/8/94 **** **Biole Size** **** **Inc.*** **Inc		P.O. Box 1	.429 Blo	omfield,	NM		***			. 1, 11	95, R32E	
Well Completion Data **Speed Date **Rendy Date **Total Date							·					
Well Completion Data **Speed Date **Rendy Date **Total Date												
Well Completion Data **Speed Date** 3/8/94 3/17/94 3700¹ 3700¹ 3658¹ 3522¹-3536¹ **Bole Size** **Performionan** 370 Size** **Sects Cement** 370 Size** **Performionan** 370 Size** **Per												
Well Completion Data **Speed Date **Ready Date **Ready Date **Tot **Speed Date **Spee	Produced	Water										
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12 1/4" 8 5/8" 28# 616 370 SXS						1				3522'-3536'		
7 7/8" 5 1/2" 15.5# 3700 720 SXS Well Test Data Date New Oil					ise				³⁰ Socks Coment			
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Donna Williams Production Assistant 4/4/94 Phone: 915-688-6943	se and belief.	, above is tr	and complete	to the best of m	У.		OIL CON	SERVA	TION I	DIVISIO	V	
Production Assistant 4/4/94 Phone: 915-688-6943	Donna 14	lliama	AC.					Paul Ka	utz			
4/4/94 Phone: 915-688-6943	Donad and	on Assists	n+									
is a change of operator fill in the OGRID number and name of the previous operator	Producti					wal Date:	MA	211	334			

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (Include volume requested)

 If for any other reason write that reason in this box. 3

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10
- 11. The bottom hole location of this completion
- 12. Lease code from the following table: F Federal S State
 - SP
 - Fee Jicarilla

 - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:

 F Flowing
 Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table: O Oil G Gas 21.

1

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here, 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Exemple: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of sacks of cement used per casing string

The following teet data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36.
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38
- **39**. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40. Diameter of the choke used in the test
- Barrels of oil produced during the test 41.
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 45.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.