

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer 00, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MERIDIAN OIL INC.		Well API No. 32-025-0442200
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
If change of operator give name and address of previous operator:		Company.

II. DESCRIPTION OF WELL AND LEASE		(YATES TRIVETS QUEEN)	
Lease Name Shell State	Well No. / Pool Name, including Formation 10 Eumont YHS TRVRSQN	Kind of Lease (State) Federal or Fee ☒	Lease No. B-1398
Location			
Unit Letter H	1980	Feet From The north Line and 990	Feet From The east Line
Section 36	Township 020S	Range 036E	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 H Sec. 36 Twp. 020S Rgn. 36E Is gas actually connected? yes When? unknown
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.R.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		OIL CONSERVATION DIVISION	
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.		FEB 05 '92	
Signature Connie L. Malik		Date Approved	
Printed Name Connie L. Malik, Regulatory Compliance Rep.		By ORIGINAL SIGNED BY JERRY SEXTON	
Title 1/22/92 915-688-6891		Title	
Date		Telephone No.	

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.