Submit 5 Conies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

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

DISTRICT II P.O. Drawer DD. Artena. NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. MERIDIAN OIL INC. 26470BQ Address BOX 51810, MIDLAND, TX 79710-1810 Respons ) for Filing (Check proper box) Other (Please expiain) ge 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 Cari Conden rade of operator give name IL DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, including Formation Kind of Lease Lease No. RH Huston EUNICE MONUMENT (GRAYBULG SAN ANDRES) State, Federal OFFEE Feet From The South Line and 1650 Feet From The CAST Range 037 E Towardin 0195 , NMPM, LPA III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Surlock Permicen or Con (Give address to which approved copy of this form is to be sens) Name of Authorized Transporter of Casi book Gos. XX or Dry Gas Address (Give address to which approved copy of this form is to be sent) Sid Richardson Carbon & Gasoline 201 Main Street. Ft. Worth, TX 76102 When 19-28-19 If well produces oil or liquids,... is gas actually connected? tion of tunks. If this production is co gled with that from any other lease or pool, give comminging order num IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Oil Well Gas Well Diff Rea'v Designate Type of Completion - (X) Date Spudded Date Compi. Ready to Prod. Total Depth P.R.T.D Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **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 st be equal to or exceed top allowable for this depth or be for full 24 hours.)

Producing Method (Flow, pump, gas lift, etc.) (Test must be after recovery of total volume of load oil and m Date First New Oil Run To Tank Date of Test Longth of Test Casing Pressure Choke Size **Tubing Pressure** Gas- MCF Water - Bbis. Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Rble Condensus/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conse Division have been complied with and that the information g FEB 07'92 is true and complete to the best of my knowledge and belief. Date Approved \_ Mnue EYON. Connie L. Malik, Regulatory Compliance Rep. Printed Nam

915-688-6891

/22/92

with Rule 111.

- 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
- 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 pook in multiply completed wells.