Submit 5 Cosies
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 1-1-29
See Instructions
at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

MERIDIAN OIL INC.    SUUJS	I.		OR ALLOW!							
P. O. BOX 51810, MIDLAND, TX 79710-1810  Reservoit for Filing (Charle proper box) New Well   Charge in Transponse of Gas Co. to Sid Richardson Carbon & Gasoline Recompletion   Old   Dry Clean Gas Co. to Sid Richardson Carbon & Gasoline Charge in Operator Grand Carbon & Gasoline Charge in Operator Grand Carbon & Gasoline Company.  If charge of operator grand operator II. DESCRIPTION OF WELL AND LEASE Learn Name De Voc & Sover   Well No. Fool Name, Inchesing Formation  Unit Leaser   B   Color   Well No. Fool Name, Inchesing Formation  Unit Leaser   B   Color   Well No. Fool Name, Inchesing Formation  Unit Leaser   B   Color   Well No. Fool Name, Inchesing Formation  Unit Leaser   B   Color   Well No. Fool Name, Inchesing Formation  Unit Leaser   B   Color   Well No. Fool Name, Inchesing Formation  Unit Leaser   B   Color   Well No. Fool Name, Inchesing Formation  Unit Leaser   B   Color   Well No. Fool Name, Inchesing Formation  Unit Leaser   B   Color   Well Name   Color   Name   Color   Name   Color    Section   C   Township   Color   Color   Name   Color   Name   Color   Color    II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorised Transporter of Color   Color   Name   Color   Color   Color   Name   Color   Color   Color   Color    II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorised Transporter of Color   Col					Well API No.					
New Well Change in Transporter of Catagonian Carbon & Gasoline Change in Operator Catagonian Carbon & Gasoline Company  If change of operator give mans III. DESCRIPTION OF WELL AND LEASE Lasen Name Device & Berel  Well No. Pool Name, Including Formation Unit Letter B Get O Feet From The Cott Plants, South Location  Unit Letter B Get O Feet From The Cott NIPM, Letter B Get O Feet From The Cott NIP	Address	·····	<del></del>		30-02	5- 2	5600	<del>20-</del>		
Casinghead Gas Condenses Company.  II. DESCRIPTION OF WELL AND LEASE  Lease Name Delice B. Boren Well No. Pool Name, including Formation  Location  Unit Letter B. Boren To Feet From The 10th Line and 1980 Feet From The 25th Line  Section 20 Township D2S Range C36E NMPM.  LEASE Name of Authorised Transporter of Configurated Gas or Dry Gas Mathematical Transporter of Configurate Gas Or Dry Gas Mathematical Transporter of Configurate Gas Or Dry Gas Mathematical Transporter of Configuration of Gas Order	New Well	Change is	Transporter of:	X Out	rect Gas	Gather	rer from	El Paso	Natural	
II. DESCRIPTION OF WELL AND LEASE  Lease Name De Use B Boren Well No.   Road Name, including Formation State, Federal of Fee  Location  Unit Leaser B : Use O Feet From The 10th Line and 1980 Feet From The 25th Line Section 20 Township D25 Range D368, NMPM.  EA COUNTY  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensates Address: (Give address to which approved copy of this form as so be sent)  Name of Authorized Transporter of Calingianal Gas or Dry Cas Address: (Give address to which approved copy of this form as so be sent)  Name of Authorized Transporter of Calingianal Gas or Dry Cas Address: (Give address to which approved copy of this form as so be sent)  Name of Authorized Transporter of Calingianal Gas or Dry Cas Address: (Give address to which approved copy of this form as so be sent)  Name of Authorized Transporter of Calingianal Gas or Dry Cas Address: (Give address to which approved copy of this form as so be sent)  Name of Authorized Transporter of Calingianal Gas or Dry Cas Address: (Give address to which approved copy of this form as so be sent)  Name of Authorized Transporter of Calingianal Gas or Dry Cas Address: (Give address to which approved copy of this form as so be sent)  Name of Authorized Transporter of Calingianal Gas or Dry Cas Address: (Give address to which approved copy of this form as so be sent)  Name of Authorized Transporter of Calingianal Gas or Dry Cas I gas accussly consocial (Two When 7 to Worth, TX 76102  Designate Type of Completion - (X)  Oil Well Gas Well New Well Wortover Despen Plug Back Same Resv Diff Resv  Designate Type of Completion - (X)  Oil Well Gas Well New Well Wortover Despen Plug Back Same Resv Diff Resv  Tubing Casing And Cementing Record  PR. T. This gas Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  Depth Casing Shoe  TUBING To Sall Wortover Despen Plug Bac		Casinghead Gas		Gas Co Compan	. to Sid	Richar	rdson Ca	rbon & G	asoline	
Lease No.    Lease No.   Lease		<del></del>		<del></del>						
Continue	Less News Dalles D	AND LEASE	(Deal No. 1	· <del></del>						
Section 20 Township D22 S Range D36 C NMPM.  EA COUNTY  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Q1 or Condenants  Address (Give address to which approved copy of this form is to be sees)  Name of Authorized Transporter of Caningstand Gas or Dry Gas Address (Give address to which approved copy of this form is to be sees)  Name of Authorized Transporter of Caningstand Gas or Dry Gas Address (Give address to which approved copy of this form is to be sees)  Sid Richardson Carbon & Gasoline Co.  10 well posters of Carbon & Gasoline Co.  11 well produces and oir liquide.  12	Location D.D.		Eunice 7	Rivers Ou		+h_ State	, Federal or Fe	*)	eass No.	
Name of Authorized Transporter of Qil or Condemnts   Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghand Gas   or Dry Cas   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 identic,   Unit   Sec.   Twp.   Rgs.   Is gas accountly connected?   When 7   -8 -86  If this production is commissioned with that from any other lesses or pool, give commissing order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)   Oil Well   Gas Well   New Well   Workover   Deepes   Plug Back   Same Res'   Diff Res'    Date Speaded   Date Compl. Rendy to Prod.   Total Depth   P.B.T.D.  Elevations (DF, REB, RT, GR, stc.)   Name of Producing Formation   Top Oil/Gas Pay   Tubing Depth    Performance   Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD   Depth SET   SACKS CEMENT    V. TEST DATA AND REQUEST FOR ALLOWABLE   DILL WELL   Test must be after recovery of total volume of load oil and must be equal to or access 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.)	Unit LetterB	: lele 0	Feet From The	lorth Line	and 19	80_F	eet From The	east	Line	
Name of Authorized Transporter of Chinghand Gas	Section 20 Townshir	025	Range 034	<u>و</u> , N	ГРМ,		·	LEA	County	
Name of Authorized Transporter of Casinghand Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sees)  Sid Richardson Carbon & Gasoline Co. 201 Main Street. Ft. Worth. TX 76102  If well produces oil or liquids. Usek See. Twp. Rgs. is gas actually consecut? When ? - 8-85  If this production is comminged with that from any other lesses or pool, give comminging order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod. Total Depth Workover Despes Plug Back Same Res' Diff Res'  Date Spudded  Date Compl. Ready to Prod. Total Depth P.B.T.D.  Elevations (DF, REB, RT, GR, stc.)  Name of Producing Formation  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL (Tast name be ofter recovery of total volume of food oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date Firs New Oil Run To Task  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure	III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS		· · . · . · . · . · . · . · . · . ·	<del>,</del>			
Sid Richardson Carbon & Gasoline Co.  If well produces oil or liquide, give location of analts.  Usit Sec. Twp. Rgs. is gas actually connected? When? 1-8-85  If this production is commissived with that from any other lesse or pool, give commissing order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Oil Well Gas Well New Well Workover Deepse Plug Back Same Res' Diff Res'v  Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  Elevations (DF, REB, RT, GR, etc.)  Name of Producing Formstion Top Oil/Gas Pay Tubing Depth  Perforations  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 apact to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choks Size	44				rs - 4-1 <u>-1-1</u>			• • • •		
If well produces oil or liquide.   Unit   Sec.   Twp.   Rgs.   Is gas accessive consected?   Whee ?   -8-85     If this production is commingled with that from any other lease or pool, give commingling order mamber:   If this production is commingled with that from any other lease or pool, give commingling order mamber:   If this production is commingled with that from any other lease or pool, give commingling order mamber:   If this production is commingled with that from any other lease or pool, give commingling order mamber:   If this production is commingled with that from any other lease or pool, give commingling order mamber:   If this production is commingled with that from any other lease or pool, give commingling order mamber:   If this pass accessive or pool, give commingling order mamber:   If this pass accessive or pool, give commingling order mamber:   If this pass decision is commingled with that from any other lease or pool, give commingling order mamber:   If this pass decision is commingled with that from any other lease or pool, give commingling order mamber:   If this pass decision is commingled with that from any other lease or pool, give commingling order mamber:   If this pass accessive or pool, give commingling order mamber:   If this pass accessive or pool, give commingling order mamber:   If this pass accessive or pool, give commingling order mamber:   If this pass accessive or pool, give commingling order mamber:   If this pass accessive or pool, give commingling order mamber:   If this pass accessive or pool, give commingling order mamber:				1					•	
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Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Elevations (DF, REB, 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  DILL WELL  Test seast 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 Task  Date of Test  Tubing Pressure  Casing Pressure  Choks Size	IV. COMPLETION DATA	HOLL MY CUST HESS OF	pool, give comming	ing Order numb	MC:				<del></del>	
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Actual Park Date Calculate			y was od and man					or full 24 hour	2.)	
Actual Prod. During Test Oil - Bbis. Water - Bbis. Gas-MCF	ength of Test	Tubing Pressure		Casing Pressure			Choka Size			
	Actual Prod. During Test	Oil - Bhis.		Water - Bbis.			Gas- MCF	Gas- MCF		
GAS WELL	GAS WELL			<u> </u>			1	<del></del>		
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
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VL OPERATOR CERTIFICATE OF COMPLIANCE	L OPERATOR CERTIFICA	ATE OF COMPI	LIANCE	<u> </u>			!			
I hereby certify that the rules and regulations of the Oil Conservation  OIL CONSERVATION DIVISION				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.	is true and complete to the best of my kn	nowledge and betief.	a acove	Doto	\ nnroved		_	7 '92		
(17Mm, 2 malli	Cornie 2. males			Date Approved						
Signature Connie L. Malik, Regulatory Compliance Rep.  By ORKATA (12 Miles AND ADDRESS)	Connie L. Malik, Regula	atory Complia	nce Rep.	Ву	J 8187	1477 - 140 1477 - 140			<del></del>	
Printed Name Title  1/22/92 915=688-6891  Date Telephone No.	Printed Name									

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.