

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

DISTRICT II
P.O. Drawer DD, 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

I. Operator		Well API No.
MERIDIAN OIL INC.		30-025 - 2948400
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 (Tansill Yates Travers)			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Record HS Record	9	Salmat Tansill YT TRV	State, Federal or Fee
Location			
Unit Letter	B	Feet From The	north
Line and	1820	Feet From The	east
Section	22	Township	0225
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	Sec.	Twp.
			Rge.
			Is gas actually connected?
			When?
			yes
			1-7-86
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.B.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

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.

Connie L. Malik
Signature
Connie L. Malik, Regulatory Compliance Rep.
Printed Name
1/22/92
Date
915-688-6891
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 07 1990
By
Title

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.