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

## State of New Mexico ergy, Minerals and Natural Resources Depart:

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRAI	NSPO	<u>RT OII</u>	L AND NA	TURAL G					
Operator MERIDIAN OIL INC.					25185			Well API No. 30-025-32031			
Address P.O. Box 51810, Midla		9710–18°	10						<u> </u>		
Reason(s) for Filing (Check proper be		3710-18	10		Oth	er (Please expl	ain)	<del> </del>			
New Well	7	Change in 7	Fransporte	er of:		(1 10-20 0-4)	,				
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghe	ad Gas 🔲 (	Condensa	te 🗌							
If change of operator give name and address of previous operator					····						
II. DESCRIPTION OF WEI	LL AND LE	ASE									
				ool Name, Including Formation				of Lease No.			
Location STATE COM 'B'						rrs, QN) pro gas			Federal or Fee B-1167		
Unit Letter M	, 660'	1	Feet Fimm	The SC	OUTH Tim	and 660'	т.	F 72. \	WEST		
20	·						R	et from the _		Lin	
Section 32 Tow	nship 2	25 20 1	Range 3	7E	N	MPM,		LEA		County	
III. DESIGNATION OF TR	ANSPORTE	R OF OIL	AND	NATU	RAL GAS						
Name of Authorized Transporter of O		or Condens				e address to wh	ich approved	copy of this fo	rm is to be s	ent)	
Name of Authorized Transporter of Co SID RICHARDSON GASOLI	isinghead Gai NE CO.	ad Gas: or Dry Gas _X				e address to wh MAIN, FIRST	ich approved	copy of this form is to be sent) NK, FT. WORTH TX 76102			
If well produces oil or liquids, give location of tanks.	Unit	Sec. 1	ſwp.	Rge.	is gas actually		When	7	0/22/93		
If this production is commingled with a  IV. COMPLETION DATA	nat from any oth	er lease or po	ol, give o	ommingl	ing order numb	ег:					
Designate Type of Complete	on - (X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.			X Total Depth	Ĺ		P.B.T.D.			
8/5/93	•	8/30/93				3596'			3556'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
3537' GR Perforations		QUEEN				3307'			3442'		
3307' - 3487' (QUEEN)								Depth Casing Shoe 3596'			
UOLE CIZE		TUBING, CASING AND					)				
HOLE SIZE 12 1/4"		CASING & TUBING SIZE 8 5/8" 28# K-55			DEPTH SET 425'			SACKS CEMENT 300 'C'			
7 7/8"		4 1/2" 11.6# K-55			3596'			900 'C'			
. TEST DATA AND REQU	EST EOD A	TIOWAD	TE	<u> </u>							
OIL WELL (Test must be afte				nd muet k	he equal to or a	rceed ton allow	whie for this	danth an ba fai	. 4.11.04.1	- 1	
Date First New Oil Run To Tank	Date of Tes			7.1.2.2.2	Producing Met	hod (Flow, pun	rp, gas lift, et	c.)	јші 24 пош	3.)	
ength of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL						······································		·	,		
Actual Prod. Test - MCF/D	Length of T	est		1:	Bbls. Condenss	te/MMCF	<u> </u>	Gravity of Con	densate	<del></del>	
222 AOF		24									
esting Method (pilot, back pr.) BACK PRES.	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in) 83			Choke Size		
I. OPERATOR CERTIFIC				3	_						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date ApprovedNOV 2 9 1993						
bluti	تحيلا				D.,	ń	BIGINA: =	IONEN EV	IEDAV er		
Signature DONNA WILLIAMS PROD. ASST					ByORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name 11/17/93		Tit 915–688			Title_		T	<del></del>			
Date		Telephor	ne 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.