Submit 5 Cories
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 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., Azzec, NM 87410

REQUEST FOR ALLOW: BLE AND AUTHORIZATION

I.	Т	OTRAN	ISPORT OF	LAND NAT	TURAL GA							
Operator			Well API No. 6919 / 00									
MERIDIAN OIL INC	•						3919	<u> </u>				
Address												
P. O. BOX 51810, Resson(s) for Filing (Check proper box)	MIDLAN	D, TX	7 9710- 181		er iPlease expu	1/8/						
New Well	(Thenes in T	nansporter of:				or from	El Dogo	Natural.			
Recognitation	Oil.		Ory Gas		. to Sid							
Change in Operator	Casingbood		Condenses	Compan		KICHAI	ison car	r DOIL & G	asotthe			
If change of operator give name and address of previous operator				Compan	y							
and address of previous operator												
IL DESCRIPTION OF WELL	AND LEAD	SE				` .						
Lasso Name	1	Well No.	Pool Name, Includ	-	•	:	of Lease Federal or Fe	``	No.			
King/Emery NW			JalmatT	<u>ansillyr</u>	7RV	30	recent of re	<u> </u>				
Document	101	3 A			/ 1	^		,				
Unit Lener	<u>: 198</u>	<u></u>	Feet From The Ω	100+h_Lim	and	<u>0 () </u>	et From The	West	Line			
01	0235	_	m 034	٠, ٥	CTA (Lea	County			
Section U/ Township	020-	, ,	Rames 034	NI NI	MPM,			100	County			
III. DESIGNATION OF TRAN	CDADTED	OF OIL	AND NATE	TDAI CAS								
Name of Authorized Transporer of Oil		or Condens			e address to wi	uch approved	copy of this !	form is to be se	74)			
· · · · · · · · · · · · · · · · · · ·	- 	শ অকুন্ত নুট	. \sqcup									
Name of Authorized Transposer of Casing			or Dry Gas 🔀	Address (Giv	e eddress 10 W	uck approved	copy of this	form is to be se	**)			
Sid Richardson Carbon & Gasoline Co. 201 Main Street, Ft												
If well produces oil or liquids,	4		Nomp⊾ Rge	. i is gas acmail	y connected?	Whea	7					
give location of tanks	<u>i </u>		L		ves_	u	nknou	un				
If this production is commingled with that i	ion my othe	r lease or po	ool, give commin	ging order mm	ber:							
IV. COMPLETION DATA							·	,				
Designate Type of Completion	~	Oll Well	Gas.Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
		<u> </u>		Total Depth		<u> </u>	10000	<u> </u>				
Date Spudded	Date Compi	. Kendy to 1	TOO.	Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducina Eas		Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth				
Esvanus (DF, RAB, RI, UR, BE.)	Name of Fig	concerns ton	HINNE AND	.40	.4 0.2 0.2 10,			runnig Depth				
Perforations	<u> </u>	Depth Casing Shoe										
									}			
	π	JBING. O	CASING AND	CEMENTI	NG RECOR	מי						
HOLE SIZE					DEPTH SET SACKS CEMENT							
				ı								
							-					
	<u> </u>						·					
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		ad ann all	ماد حال مسال		6.11 24 hon	1			
OIL WELL (Test must be after re			f load oil and mid	Et be equal to or	ethod (Flow, p	oweder for the	etc.)	jor juit 24 nea	72.7			
Date Pilst New Oil Kill 10 122K	Date of Test			Lionners w	Statut (1.10%) b	. برجد حص6 رطب	,					
Langth of Test	Tubing Pres			Casing Press	Casing Pressure			Choke Size				
200ga ta 100	Juoung Free	Mic			•							
Actual Prod. During Test	During Test Oil - Bbis.			Water - Bbis			Gas- MCF					
GAS WELL	·			<u> </u>								
Astani Prod. Test - MCF/D	I Tanada of T			Rhie Conde	AO/CF		Gravity of Condensate					
The last two last the	Langth of Test				ž.			,				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	Casing Pressure (Shut-in)			Choke Size				
, , , , , , , , , , , , , , , , , , , ,	100											
VL OPERATOR CERTIFIC	ATE OF	COMPI	TANCE									
				(NSERV	ATION	DIVISION	NC			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					. FFB 07°92							
is true and complete to the best of my knowledge and belief.					Date Approved							
M. y mi	00.1				, , , , , , , , , , , , , , , , , , , 							
Connii Z M	all			D.	<u></u>	र । <i>शिक्</i> रिया		. < 13.55 3				
Signature Connie L. Malik, Regulatory Compliance Rep.												
Connie L. Malik, Regu.	TSTOLA (ince Rep.	—— –								
	15 - 688-6			Title	' 							
Dels		Telep	home No.	11:								

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.

 27. All sections of this form must be filled out for allowable on new and recompleted wells.

 37. 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.

Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I.</u>		TO TRA	ANSPO	ORT OIL	. AND NATURAL GA	S			
Operator						Well API No.			
MERIDIAN OIL INC.			<u>-</u>						
Address									
21 Desta Drive	Midla	nd. Te	xas	79705					
Reason(s) for Filing (Check proper box)					Other (Please explain	in)			
New Well		Change in	Transpor	ter of:	Fffect:	ive 2-1 -89			
Recompletion	Oil	<u>_</u>	Dry Gas	. 🖳	BIICCC.	140 2-1 -09			
Change in Operator XX	Casinghe	ad Gas	Condens	nte 🗌					
If change of operator give name and address of previous operator	vle Ha	rtman	Р.	0. Box	x 1861 Midlan	d, Texas 79702			
• •						77702			
IL DESCRIPTION OF WELL	AND LE								
Lesse Name Well No. Pool Name, include		ng Formation	Kind of Lease	Lease No.					
Emery King NW		<u> </u>	1	Jalmat	: (Gas)T-Yates Sic	XXXXX Federal or Fee			
Location									
Unit LetterE	_:	980	Feet Fro	m The	N Line and	660 Feet From The	W Line		
Section 1 Townsh	ip 23.	-S	Range	36-	E NMPM,	Lea	County		
W DECICAL ACTION OF THE A									
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 Towns of Con-	10								
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX					Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas (<u></u>		P.O. Box 1492	El Paso, Tx.	79978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When ?			
	1 777 07	1000		<u> </u>	yes	unkno	own		
VI. OPERATOR CERTIFIC	ATEO	COM	LIAN	CE	OIL CON	CEDVATION			
I hereby certify that the rules and regularized bivision have been complied with and	that the info	rmation giv	en above		OIL CON	SERVATION DI	VISION		
is true and complete to the best of my	knowledge a	mit belief.	<i>j</i>		Data A	LIAD 4	Λ 1000		
					Date Approved MAR 1 0 1989				
Signature	1911/1	Orig. Signed by							
•	ration	e Tach	TTT		Ву	Paul Kaut			
Printed Name	Tation	a recii	Title			Geologist	:		
2-24-89		915/68		31	Title				
Date			abana Na						

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