

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator MERIDIAN OIL INC. Well API No. 0919300

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
Company.

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name King Emery SE Well No. 1 Pool Name, including Formation Salmat Tansil Y/T TRV Kind of Lease State, Federal or Fee Lease No.
Location Unit Letter 0 : 6660 Feet From The South Line and 1980 Feet From The East Line
Section 01 Township 0235 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. Rgn. Is gas actually connected? When?
yes unknown

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 Title
1/22/92 915-688-6891
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 07 '92
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 multiple-completed wells.

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Energy, Minerals and Natural Resources Department

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at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator MERIDIAN OIL INC.		Well API No.
Address 21 Desta Drive Midland, Texas 79705		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Effective 2-1 -89	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Doyle Hartman P.O. Box 1861 Midland, Texas 79702		

II. DESCRIPTION OF WELL AND LEASE

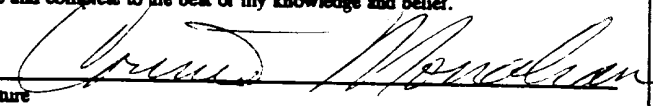
Lease Name Emery King SE	Well No. 1	Pool Name, including Formation Jalmat (Gas)-Yates-7 Rivers	Kind of Lease Sole Interest Fee	Lease No.
Location Unit Letter 0 : 660 Feet From The S Line and 1980 Feet From The E Line Section 1 Township 23-S Range 36-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company 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 ?
					yes	unknown

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.

Signature 
Printed Name Connie Monahan Operations Tech III
Date 2-24-89 Title
Telephone No. 915/686-5681

OIL CONSERVATION DIVISION
MAR 10 1989

Date Approved
By
Title
Orig. Signed by Paul Kautz Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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