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Appropriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

l.		<u>U INA</u>	NOF	OH! OIL	AND NA	I UNAL GA		DI Ma			
Operator Moridian Oil Inc						Well API No. 30-025-31333					
Meridian Oil Inc.						30-025-31333					
Address P. O. Box 51810,	Midlar	ıd, T	exa	s 7971	0			·· -			
Reason(s) for Filing (Check proper box)					Oth	er (Please expi	ain)				
New Well		hange in		$\overline{}$							
Recompletion	Oil	닉	Dry G							i	
Change in Operator	Casinghead	Gas	Conde	nsate							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEAS	SE									
Lease Name			Pool N	lame, Includi	ng Formation			of Lease		ase No.	
Shell State		7	Ja	lmal-T	ansill	-Yates-	7RV Pige,	restate	B-11	L67	
Location											
Unit LetterI	85	0	Feet F	from The	East Lin	e and19	980 Fe	et From The _	South	Line :	
Section 2 Township	23-	-S	Range	36-	E , N	мрм,	Lea	· · · · · ·		County	
III. DESIGNATION OF TRAN	CDADTED		II AN	JD NATT	DAL CAS						
Name of Authorized Transporter of Oil		or Conden			Address (Giv	ve address to w	hich approved	copy of this fo	orm is to be se	nt)	
				<u></u> :							
Name of Authorized Transporter of Casing El Paso Natural Ga			or Dry	Gas 🔀	Address (Gin	e address to w	hich approved	copy of this fo	Texas	79978	
		Sec.	Twp.	Dae	is gas actuali		When		101145		
If well produces oil or liquids, give location of tanks.	Unait S		,, ,, 	l vae	Yes	,,	•	12 - 91			
If this production is commingled with that i	from any other	r lease or	nool. gi	ive comming		iber:					
IV. COMPLETION DATA					,	<u> </u>		· · · · · ·	1	L	
Designate Type of Completion		Oil Well	i	Gas Well X	X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
8-16-91	8-23-91				3 600'			3538 '			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
3434.9' GR	Yates-7 Rivers				31	3131'			2-3/8" @ 3111'		
Perforations	MULL							Depth Casing Shoe			
3131' - 3517'	1/2/2							3600	<u> </u>		
	<u>T</u>	TUBING, CASING AND									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEM			
12-1/4"		8-5/8"			403'			250 sxs to surface			
7-7/8"	4-1/	4-1/2"				3600'			1720 sxs to surface		
V. TEST DATA AND REQUES											
OIL WELL (Test must be after r			of load	i oil and mus					for full 24 hou	<u>ers.)</u>	
Date First New Oil Run To Tank	Date of Test	i			Producing N	fethod (Flow, p	ownp, gas iyi,	eic.)			
Length of Test	Tubing Pressure				Casing Press	sure		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
CASWELL											
GAS WELL Actual Prod. Test - MCF/D	Length of T	`esi			Rble Conde	ensate/MMCF		Gravity of	Condensate	-	
140 AOF	24 hrs				. ()			_			
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			:		
pumping gas well	30#				30#						
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE		011 00	NOCOV	ATION	רווייי	n.	
I hereby certify that the rules and regul	ations of the	Oil Conse	rvation			OIL CO	NOEHV	AHON	אפואום	JIN .	
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Dat	e Approv	ed		[cd+1]		
	2										
Mary Life	214				Rv		41				
Signature Maria L. Perez	<i>ه</i> p.	rod.	Ass	st.		·			*		
Printed Name			Title		Title	ə					
10-7-91	9.	15-68	<u> 38-6</u>	906	11016	J					

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.