Submit 5 Corner Appropriate District Office P.O. Box 1980, Hobbs, NM 88240

State of New Mexico nergy, Minerais and Natural Resources Department

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

P.O. Drawer DD. Artena, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOW! BLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. MERIDIAN OIL INC. 30.025-219710 Address BOX 51810, MIDLAND, TX 79710-1810 Reason(s) for Filing (Check proper box) Other (Please explain) New Well inge in Transporter of: To correct Gas Gatherer from El Paso Natural. Recomptetion Dry Gas Oil Gas Co. to Sid Richardson Carbon & Gasoline Change in Operator Condens Company. If change of operator give name and address of previous operator IL DESCRIPTION OF WELL AND LEASE n Name Well No. | Pool Name, including Formation Farnsworth 7-R LC 057668 Kholes Votes State Federal or Fee Location 990 Feet From The 480 ✓ Line and _ Unit Letter 4 c a 31-E NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Cor Address (Give address to which approved copy of this form is to be sens) 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 If well produces oil or tiquids, Unit | Sec. Rgs. | Is gas actually connected? When? 4-2-3 If this production is commingled with that from any other lease or pool, give cor IV. COMPLETION DATA New Well Workover Off Well Gas.Well Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Soudded Date Compi. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation **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 t 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 Water - Bbls. Gas- MCF Actual Prod. During Test Oil - Bhis. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Rble, Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) Casing Pressure (Shut-in) Choka Size VL OPERATOR CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Conservation. Division have been comptied with and that the information given above FEB 05'92 is true and complete to the best of my knowledge and belief. Date Approved . By ORIGINAL SIGNED HY JERRY SEXTON

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

915=688-6891

<u>Connie</u> L.

Printed Name

<u>/22/92</u>

Malik.

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title_

DISTRICT : SUFURIVISOR

with Rule 111.

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

Telephone No.

- 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.

Regulatory Compliance Rep.