Submit 5 Cocies Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ....ergy, Minerais and Natural Resources Departm....

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

63708

DISTRICT III	•	lexico 87504-2088	63708
1000 Rio Brazos Rd., Aztec. NM 874	REQUEST FOR ALLOW!	BLE AND AUTHORIZATION	
I. Operator	TO TRANSPORT O	LAND NATURAL GAS	
MERIDIAN OIL I	NC.		APINO. 0.025.1/9/500
Address	NO.		37777385
P. O. BOX 5181	0, MIDLAND, TX 79710-18		
Reason(s) for Filing (Check proper box	t)  Change in Transporter of:	Cher (Please expiain)	
Recompletion	Oil Dry Gas		er from El Paso Natural dson Carbon & Gasoline
Change in Operator	Casinghead Gas Condensate	Company.	
If change of operator give name			
IL DESCRIPTION OF WEL	L AND LEASE	•	
Lases Name:	Well No. Pool Name, inch	ding Formation Kind	of Lease No.
Farnsworth	4 2 Lagg/1e	Mattix 7-R-9 Size	10 05 46 CX
Unit Letter A	. 66 Feet From The	V Line and 660 F	cet From The Line
/			Line Line
Section Town	nahip AC Range 3	7-E, NMPM, Lea	County
III. DESIGNATION OF TR	ANSPORTER OF OIL AND NAT	URAL GAS	
Name of Authorized Transponer of Oi	1 or Condensate	Address (Give address to which approved	t copy of this form is to be sent)
Name of Authorized Transporter of Ci	asinghead Gas. Y or Dry Gas	Address (Give address to which approve	come of this form is to be sent
Sid Richardson Carbo	<del>-</del> -	201 Main Street, Ft. V	, , ,
If well produces oil or tiquids,	Unit   Sec.   Twp.   Rg	s. is gas actually connected? When	
č		700	12/10/5/
IV. COMPLETION DATA	SID RICHARDSON GASOI	INE CO Eff. 3/1/93	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v   Diff Res'v
Designate Type of Completi  Date Spudded	Date Compi. Ready to Prod.	Total Depth	
	, a 100		r.m.1.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQU	IFST FOR ALLOWARLE		
-	er recovery of total volume of load oil and m	us be equal to or exceed top allowable for t	nis depth or be for full 24 hours.)
Data First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift.	eic.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbis.	Water - Bbls.	Gas- MCF
GAO WITTO			<u> </u>
GAS WELL Actual Prod. Test - MCF/D	Length of Test.	Bbls. Condenses MMCF	Gravity of Condensate
		卷,	
Testing Method (pisot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
III OPER : POP -			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I bereby certify that the roles and regulations of the Oil Conservation		OIL CONSERVATION DIVISION	
Division have been complied with and that the information given above		FEB 05'92	
is true and complete to the best of t		Date Approved	1 LU V U J L
Can Eu	Molec		
Signature		By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
Connie L. Malik. Regulatory Compliance Rep. Printed Name Title		<u> </u>	JUI ER TIJUR
1/22/92	915=688-6891	Title	ONLY. APR 30 1993
Date :	Telephone No.	FOR RECORD C	MEN 30 1333

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 forms 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.