

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator
MERIDIAN OIL INC.
Well API No. 30-025-11987 ✓
Address
P.O. BOX 51810, MIDLAND, TX 79710
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☒ ADD CONDENSATE GATHERER
If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name CAGLE B Well No. 1 Pool Name, Including Formation RHODES, YATES, 7RVRS Kind of Lease State, Federal or Fee XXXXX XXXXX Lease No.
Location
Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line
Section 15 Township 26-S Range 37-E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil SCURLOCK PERMIAN CORP. or Condensate ☒
Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4648, HOUSTON, TX 77210-4648
Name of Authorized Transporter of Casinghead Gas SID RICHARDSON CARBON & GASOLINE CO. or Dry Gas ☒
Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST, FIRST CITY BANK TOWER
If well produces oil or liquids, ve location of tanks. Unit L Sec. 15 Twp. 26-S Rge. 37-E Is gas actually connected? YES When ?
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
late Spudded								
Date Compl. Ready to Prod.								
levations (DF, RKB, RT, GR, etc.)								
Name of Producing Formation								
Top Oil/Gas Pay								
Tubing Depth								
erforations								
Depth Casing Shoe								

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

IL 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.)
ate 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

AS 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.
Signature MARIA L. PEREZ PROD ASST.
Printed Name MARIA L. PEREZ Title
8-5-92 915-688-6906
Date Telephone No.

OIL CONSERVATION DIVISION

AUG 10 '92

Date Approved
By Orig. Signed by Paul Kautz Geologist
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 multiply completed wells.