Submit 5 Copies Appropriate District Office 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.					BLE AND . AND NA							
Operator	<u>'</u>	O ITTIAL	101 0), 11 Oil	7110 117	11011/10			API No.			
	MERI	DIAN	OIL	INC.				3	0-025-1	2422	<i>D</i> K	
Address	Р.	О. В	OX	51810	, MIDL	AND,	ZX	7971	01810		(
Reason(s) for Filing (Check proper box						her (Please						
New Well	(Change in T	urmathou	ner of:								
Recompletion	Oil		Ory Gas									
Change in Operator	Casinghead											
If change of operator give name and address of previous operator	NION TEXA	S PETRO	OLEU:	M CORP	: P.O.	BOX 21	20;	HOUSTO	N, TX	77252		
II. DESCRIPTION OF WEL							<i></i>	/ /.			N	
Lease Name Buffington "B"					ng Formation inebry)				of Lease Federal or Fe	_	ease No.	
Location		- !	5 0 5 0			<u>-1 Jan 14 July 1</u>	1.1	Kiss X C		<u></u>		
Unit Letter L	. 218	0 .	Seat Son	m The _S	· T:	ne and	330	Ε.	est From The	W	Line	
Out Letter	······································	(ea rio	34	.	ADU			set tioni The			
Section 19 Town	ship 25S		Range	3.7	<u>E</u> , 1	MPM,	Le	a			County	
III. DESIGNATION OF TRA	ANSPORTER	OF OIL	. ANI	NATU	RAL GAS	3						
Name of Authorized Transporter of Oil	1 1	or Condensa	ie [l copy of this NM 882	form is to be s	eru)	
Texas New Mexico Pip					<u></u>							
Name of Authorized Transporter of Ca El Paso Natural Gas	angnesa Gas	$\overline{\mathbf{x}}$	or Dry (P.O. B					<i>form is to be s</i> 9910	eu)	
If well produces oil or liquids,	Unit	Sec. 7	ſwp.	Rge.	Is gas actua			When		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
give location of tanks.	<u>i i</u>	i		<u>i </u>	<u> </u>			<u>i</u>				
If this production is commingled with the	nat from any other	rieass or po	ool, give	e commungi	ing order nu	mber:						
IV. COMPLETION DATA		Oil Well		as Well	New Wel	1 Worko	/ar	Deepen	Plug Rack	Same Res'v	Diff Res'v	
Designate Type of Completic	on - (X)	Ou well		MES WEIL			i i	Dupus			1	
Date Spudded	Date Compi	Date Compi. Ready to Prod.				Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing For	mation	- <u>-</u>	Top Oil/Ga	s Pay	_		Tubing De	nth .		
Perforations										Depth Casing Shoe		
	π	JBING, C	CASIN	IG AND	CEMENT	ING RE	CORL)				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
					 							
	1											
V. TEST DATA AND REQU	EST FOR A	LLOWA	BLE		·				.			
	er recovery of total			il and must						for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Press				Casing Pres	retile.			Choke Size	:		
2016 1 0 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I would I leasne											
Actual Prod. During Test	od. During Test Oil - Bbls.				Water - Bbis. Gas- MCF							
	· · · · · · · · · · · · · · · · · · ·								•			
GAS WELL Actual Prod. Test - MCF/D	Length of To				Bble Cond	ensue MM	CF	-	Gravity of	Condensate		
Appendict for the file	· ·	-							•			
Testing Method (puot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in) Choke Size						
VI. OPERATOR CERTIF	ICATE OF	COMPI	IAN	CF								
I hereby certify that the rules and re				CL		OIL C	ON	SERV	ATION	DIVISIO	NC	
Division have been complied with and that the information given above					i inna							
is true and complete to the best of r	ny knowledge and	i belief.			Dat	e Appr	ovec	l	· · · · · · · · · · · · · · · · · · ·	<u>ं ् व्र</u>	41	
							-TIBER	CANADA	1 5 V 15 75	V CEVE O L		
Signature					By.	.80			D BY JERRI Sufervis	Y SEXTON		
	1 , j =4 5											
Printed Name	- :, :	Fatar 5	Title		Title	e					·	
Date		Telep	hone N	o .								

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 mult v completed wells.