Submit 5 Copies
Appropriate District Office
DISTRICT:
P.O. Box 1980. Hobbs, NM 83240

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

DISTRICT III

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

Santa Fe. New Mexico 87504-2088

1.				RIZATION			
Derator	- · O 1H	ANSPUH I C	LAND NATURAL		API No.		
MERIDIAN DIL	T::C		30.025-23/5600				
Address						<u> </u>	, 20
P. O. BOX 518	810, MIDLAND, IN	<u>x 79710-16</u>	10				
Reason(s) for Filing (Check proper (iner iPlease ex				
Recompletion		In Transporter of:	To correct Ga	as Gather	er from E	l Paso :	Naturai
Change in Operator	Casinghead Gas	_ Dry Gas	Gas Co. to Si	id Richar	dson Carbo	on & Gas	soline
f change or operator give name	California California	_ concensus	Company.				
and address of previous operator			_				
IL DESCRIPTION OF WE							
Moberly Chodes		Pool Name, includ	: / /		of Lease Federal of Fee		ie No.
Location	Flood Y	1 hodes	Yetes 7.R	James	receial or ree	030	181-6
Unit Letter 7	. 1990	F F F		2021/-		É	
		_ rest from the _	ine and				line
Section 37/Too	waship 46.5	Range 37	· C NMPM.	1ee			County
II DESIGNATION OF TH	DANGRODEED OF C						
III. DESIGNATION OF TR Name of Authorized Transporter of C	CONTRACTOR OF CO		JRAL GAS Address (Give agaress to	W. 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
THM	<u></u>		Addition To the data Est to	water approved	copy of this form	: IS IO DE SERI	1
Name of Authorized Transporter of C		or Dry Gas	Address (Give address to	wnich approved	CODY OF this form	is to be sent	
Sid Richardson Carb		.0	201 Main Stree			76102	
if well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp. Rge	is gas actually connected?		1.11		
this production is commingled with	that from any other lease or	- /	y-es	<u> </u>	PAT		
V. COMPLETION DATA	that from any other rease of	pool, give comming	ung order number:				
Designation T. C.S.	Oil Wei	i Gas Well	New Well Workover	Deepen	Plug Back Sar	me Resiv Y	Diff Res'v
Designate Type of Complet							MI RES
Date Spudded	Date Compi. Ready to	o Prod.	Total Depth		P.B.T.D.		
levanons (DF, RKB, RT, GR, etc.)	Name of Producing E	iometro	Top Oil/Gas Pay		<u>. </u>		
evanions (DF, RKB, RT, GR, etc.) Name of Producing Fo		Cimaton	Top Old Gas Fay		Tubing Depth		
erforations					Depth Casing St	hoe	
			CEMENTING RECO	RD			
HOLE SIZE	CASING & TO	JBING SIZE	DEPTH SE	<u>.T</u>	SAC	KS CEMEN	T
							
OIL WELL Test must be aft	ter recovery of total volume		t be equal to or exceed top a			iull 24 hours.i	
OIL WELL Test must be aft			t be equal to or exceed top a			iuli 24 hours.	,
IL WELL Test must be after the First New Oil Run To Tank	ter recovery of total volume		Producing Method (Flow,			îuli 24 hours	
IL WELL Test must be affected First New Oil Run To Tank ength of Test	Date of Test				(c.)	full 24 hours.	1
IL WELL Test must be affected First New Oil Run To Tank ength of Test	Date of Test		Producing Method (Flow,		(c.)	îuli 24 hours.i	
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OIL WELL Test must be afficient First New Oil Run To Tank ength of Test cettat Prod. During Test	Date of Test Tubing Pressure Oil - Bbls.		Producing Method (Flow, Casing Pressure		Choke Size	full 24 hours.i	
ALL WELL Test must be affined First New Oil Run To Tank ength of Test ctual Prod. During Test	Date of Test Tubing Pressure		Producing Method (Flow, Casing Pressure		Choke Size		
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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.

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