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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

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

DISTRICT III
1500 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>MERIDIAN OIL INC.</u>		Well Apt No. <u>30-025-2450460</u>
Address <u>P.O. BOX 51810, MIDLAND, TX 79710-4810</u>		
Reason(s) for Filing (Check proper box)		
New Well ☐	Change in Transporter of: ☐	Other (Please explain): ☐
Recompletion ☐	Oil ☐ Dry Gas ☐	To correct Gas Gatherer from El Paso Natural
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐	Gas Co. to Sid Richardson Carbon & Gasoline
If change of operator give name and address of previous operator _____ Company.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>GSU Rhodes Storage Unit</u>	Well No. (Pool Name, including Formation) <u>18 Rhodes Yates 7-Rivers</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No. <u>B-7683-1</u>
Location			
Unit Letter <u>D</u>	<u>660</u> Feet From The <u>N</u> Line and <u>860</u> Feet From The <u>W</u> Line		
Section <u>16</u>	Township <u>26-S</u>	Range <u>37-E</u>	County <u>Lea</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil _____	or Condensate _____	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas _____	or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
<u>Sid Richardson Carbon & Gasoline Co.</u>		<u>201 Main Street, Ft. Worth, TX 76102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>16</u>	Twp. <u>26</u>
	Rge. <u>37</u>	Is gas actually connected? <u>Yes</u>	
		When? <u>N/A</u>	

If 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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		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 must 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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.

Connie L. Malik
Signature
Connie L. Malik, Regulatory Compliance Rep.
Printed Name
1/22/92 915-688-6891
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 07 '92
By REGULATORY COMPLIANCE DIVISION
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.