

Form C-104  
Revised 1-1-89  
See Instructions  
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State of New Mexico  
Energy, Minerals and Natural Resources Department

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Revised 1-1-89  
See Instructions  
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DISTRICT I  
P.O. Box 1960, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

61423

Operator <u>MERIDIAN OIL INC.</u>		Well Apt. No. <u>30-025- 2453500</u>
Address <u>P.O. BOX 51810, MIDLAND, TX 79710-1810</u>		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain) <u>To correct Gas Gatherer from El Paso Natural Gas Co. to Sid Richardson Carbon &amp; Gasoline Company.</u>
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>GSU Rhodes Storage-Unit</u>	Well No. (Pool Name, including Formation) <u>13 Rhodes Yates 7-Rivers</u>	Kind of Lease <u>State (Federal) or Fee</u>	Lease No. <u>LC 030171A</u>
Location			
Unit Letter <u>E</u>	<u>1980</u> Feet From The <u>N</u> Line and <u>850</u> Feet From The <u>W</u> Line		
Section <u>9</u>	Township <u>26-S</u>	Range <u>37-E</u>	County <u>NMPM. Lea</u>

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Sid Richardson Carbon &amp; Gasoline Co.</u>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>201 Main Street, Ft. Worth, TX 76102</u>				
Name of Authorized Transporter of Casinghead Gas <u>Sid Richardson Carbon &amp; Gasoline Co.</u>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>201 Main Street, Ft. Worth, TX 76102</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>9</u>	Twp. <u>26-S</u>	Rge. <u>37-E</u>	is gas actually connected? <u>yes</u>	When? <u>1/78</u>

If this production is commingled with that from any other lease or pool, give commingling order number.

### IV. COMPLETION DATA SID RICHARDSON GASOLINE CO. - Eff. 3/1/93

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
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### 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  
Date  
915-688-6891  
Telephone No.

### OIL CONSERVATION DIVISION

FEB 05 '92

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

FOR RECORD ONLY APR 30 1992

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.

RECEIVED

APR 26 1993

JOJO HOBBS CT