Submit 5 Coxes Appropriate District Office
DISTRICT L
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

DISTRICT II
P.O. Drawer DD. Artena. NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III		Santa	Fe, New Me	xico 8750	04-2088					
1000 Rio Brazos Rd., Aztec, NM 87410	DECLIE	CT EAD	ALLOW: B	I E AND	ALITHODI	ZATION				
I.			SPORT OIL							
Operator						Well A	PI No.	25	399	
MERIDIAN OIL INC	•					30	. 025	- 25	1990p	
Address  D. DOV 51910	VIDI AND	יייזד "	70 <b>710</b> 101/	<b>-</b>						
P. O. BOX 51810, Resson(s) for Filing (Check proper box)	MIDLAND	<u>, 1A</u>	9/10-1010		et il·lease exp	ain)	<del></del>			
New Well	C <sub>t</sub>	ange in Tra	_	To cor	rect Gas	Gathere	r from	El Paso	Natural .	
Recompletion	Oil		y Gas	Gas Co	. to Sid	l Richard	ison Carl	oon & Ga	soline	
If change of operator give same	Casingheed G	- Co		Compar	<u>у.                                    </u>				:	
and address of previous operator	<u> </u>									
IL DESCRIPTION OF WELL										
CITIO LM 54	te   w		ol Name, Including		1. 6.11		f Lease Federal or Fee	: Les	MA /	
Location	76	/ 2	ans/10 /	1287/1	7-71-19			73 2	FUF	
Unit Letter	. 3	3 A Fa	st From The	من ک	e and	<u>م د 3</u>	t From The	w	Line	
							a riom rue _			
Section 34 Townshi	27	<u> 5 Ra</u>	nge 34	۰ E , N	мрм,	Lea	<del></del>		County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATTI	RAL GAS						
Name of Authorized Transporter of Oil		Condensate			ne acidress to w	nick approved	copy of this for	m is to be see	보)	
	<u> </u>									
Name of Authorized Transporter of Casin	_		Dry Gas 🗯	i		nick approved			u)	
Sid Richardson Carbon  If well produces oil or liquids,	Unit Se		na Ree		y connected?	Ft. We	7		<del></del>	
give location of trains.		i			400		2-2	8-17		
If this production is commingled with that	from any other i	ess or poo	, give comming	ing order num		···				
IV. COMPLETION DATA	1,	XI Well	Gas.Well	New Well	Workover	Danne	Dive Deals	Same Backs	Diff. Basis	
Designate Type of Completion		WI MEII	Gas.weii	i Mem Metr	workpass	Despea	Plug Back	Pame Kera	Diff Res'v	
Date Spudded	Data Compi. Ready to Prod.			Total Depth			P.B.T.D.			
Element (DE BKB BE CD	12.			T						
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	scang romm	ELOG	10p Old Cas	Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe			
								<del></del>		
I LOLE DITTE	1			CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE	CASIN	IG & TUBII	NG SIZE	DEPTH SET			SACKS CEMENT			
				1						
V. TEST DATA AND REQUES	T FOR AL	OWAR	F	!						
OIL WELL Test must be after?				be equal to o	r exceed top at	lowable for this	depth or be fi	or full 24 hour	<b>z.</b> )	
Date First New Oil Run To Tank	Date of Test					nump, gas lift, e				
1 T				G : 2			Choke Size			
Length of Test	Tubing Pressure			Casing Press	me	•.	Calab Size			
Actual Prod. During Test Oil - Bbla.				Water - Bbis.			Gas- MCF			
						·				
GAS WELL										
Actual Prod. Test - MCF/D	Length of Tes	L		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressu	se (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
(1997)					,,					
VL OPERATOR CERTIFIC	ATEOFC	OMPLI	ANCE				. =			
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				_	FEB 0 3 '92					
				Date Approved						
Conqueta Me	Xek			D						
Signature Connie L. Malik, Regu	latory Co	mplian	ice Ren	by -	<del>- Salcinia</del>	<del> </del>		i i i		
		للخلفدى		1.6						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104:

Printed Name

/22/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title

with Rule 11 L.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

- 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 walls.

915=688-6891 Telephone No.