Submat 5 Coxes
Appropriate District Office
DISTRICT 1
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. Ariena. NM 88210 OIL CONSERVATION DIVISION

er DD. Ariena, NM 88210 P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.			R ALLOW!							
MERIDIAN OIL INC.				Well API No. 30.015 - 2614						
P. O. BOX 51810		D, TX	79 710- 183	10				20-7-	7	
Reason(s) for Filing (Check proper sox) New Well Recompletion Change in Operator If change of operator give same and address or previous operator		Change in Ti		XI Ou To con	rect Gas to Sid	Gather	er from	El Paso	Natural asoline	
IL DESCRIPTION OF WELL	AND LEA	SE		-						
Loope 1 5. W		Well No. IP	ool Name, inches Jalmya+	Ta45-1	1477	, Kind State.	of Lease Federal of Fed		Pase No.	
Unit Letter	. 20	0/0 F	et From The _	N Lin	e and	3/0 F	et From The	É	Line	
Section / Townshi	24	,	mge 3℃			Lea			County	
Name of Authorized Transporter of Oil Scurlock Permia		or Condense	AND NATU	RAL GAS	ne address to wi	uch approved	copy of this fo	orm is to be ser	ਚ)	
Name of Authorized Transporter of Casing Sid Richardson Carbon If well produces oil or liquids, give location of trains.	& Gasoline Co. Unit. Sec. Twp. Rgp.			Address (Give address to which approved 201 Main Street, Ft. Wo			orth, TX 76102			
If this production is commingled with that	from any other	, , , , ,	L, give comming	ling order sum	ber:		4-13	-79		
IV. COMPLETION DATA Designate Type of Completion		Oil Well	Gas.Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compt.	Ready to Pro	×L	Total Depth	<u> </u>		P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
HOLE OTTE					CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR AL	LOWAR	F				1	·		
OIL WELL Test must be after re	covery of total			be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 hours	r.)	
	Date of Test			Producing Me	thod (Flow, pur	mp, gas lift, ei	(c.)	4)		
Amegin of Test	Tubing Pressu	ire		Casing Pressu	æ		Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Longth of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
IL 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.				OIL CONSERVATION DIVISION				N		
Cari Rull					Approved		EBva			
Signature Connie L. Malik, Regulatory Compliance Rep. Printed Name Title						that is .	PORVIOUR	NOTX		
1/22/92 91: Date	5 = 688–68		·	litle_						

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.