State of New Mexico y, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back

Submit to Appropriate District Office

OIL CONSERVATION DIVISION P.O. Box 2088

5 Copies RT

District I PO Box 1900, Hobbs, NM 88241-1980 District II 811 S. 1st Street, Artesia, NM 88210-2834 District III

1000 Rio Brazos Rd., Aztec, NM 87410 District IV PO Box 2088, Santa Fe, NM 87504-2088			Santa Fe, NM 87504-2088					941 0 0		☐ AMENDED REPO	
I.	F	REQUEST	r for A	LLOWAF	BLE AND A	.UTHORI	IZATIC	ON TO TR	ANSPOJ	RT	
Meridian P.O. Box 51	Oil Inc	1 Opera	rator name and Address				Con	2 OGRID Number 26485 Control of Reason for Filing Code			
Midland, TX	X 79710-				* Pool N		Bas	add ***	* POD-	//-95 6 Pool Code	
30- 025	API Number 5-28533				Pool Na 11s Bone Sp	pring	Trai	insporte	96	5434	
	operty Code			era Ridge	25 Federal	Vame			1 9	9 Well Number	
		Location		- A 74m	Feet from the	North/South	Tina Pr	eet from the	East/West lin	ine County	
UL or lot no.	Section 25		Range 330	Lot. Idn	Peet from and	Notal S		660 Hom the	EAST WEST III	Lea	
	Rottom	Hole Loca		Lot. Idn	Feet from the	North/South	Tine F	eet from the	East/West lin	ine County	
UL or lot no.	Section	Township	Range	Lot. 1011							
12 Lae Code FED		ing Method Cod	//	Connection Date	15 C-129 Fer	mit Number	16 C	C-129 Effective I	Date 17	C-129 Expiration Dat	
III. Oil and					20 BOI	1 21		22 POI	אסן פיים ייי		
18 Transporter OGRID			asporter Name d Address		20 PCD		1 O/G		D ULSTR Loca and Description		
007366	En	NRON		(281b	516	\$		 _		

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										-	
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IV. Produc	ced Wate	er				Post on Commence	All and a second				
²³ POD) 				24 POD ULS1	TR Location an	nd Descripti	ion			
V. Well Co		n Data	leady Date		27 TD		28 PB7	ALIZ.	1 29	Perforations	
apuu	.te		Hay war								
30 Hol	le Sie		31 Casing	å: Tubing Size		32 Depth S	Set		33 Sacks	Cement	
							-				
VI. Well Te		5 Gas Delivery D	Date	³⁶ Test Date	57 Te	est Length	38 -	38 Tbg. Pressure		Csg. Pressure	
⁴⁰ Choke Size	-	⁴¹ Oil		42 Water	43	43 Gas		⁴⁴ AOF		Test Method	
omplied with and in the best of my know. Signature: Printed name: Alyson E.	fiedge and fo	Williof Ho	nservation Divideore is true a		Approved by	y: ORIGIN	MAR DURE	RVATION D	E SEXTON		
Tide: Accounting					Approval Da	Approval Date:					
Date: 8-1-	-06	방	hope: 15-682-1	6901	11				7		

Printed Name

Title

Date

47 If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature