Submit 5 Copies
Appropriate District Office
DISTRICT 1
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, Anesia, 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

Operator				LANDNA					
700000000000000000000000000000000000000							API No.	1506	
JOHNNY G. JONES Address							30-025-28596		
P.O. BOX 5126, Reason(s) for Filing (Check proper box)	MIDLAN	D, TEX	AS 797		ner (Please expl	aia)			
New Well		Change in T	ransporter of:		eci (r iease expi	аи,			
Recompletion	Oil		Ory Gas						
Change in Operator	Casinghead	d Gas 🔲 C	ondensate						
If change of operator give name and address of previous operatorB	WA OIL	& GAS	}						
II. DESCRIPTION OF WELL Lease Name	AND LEA	<del></del>	ool Name, Includ	lina Farmation		1	<del></del>		
MOORE 34		- ,			of Lease Federal on Fee	Lease No.			
Unit LetterG	-:1	980F	eet From The	NORTH Lin	e and <u>198</u>	<u> </u>	set From The	EAST Line	
Section 34 Townshi	p 24-	S R	lange 34	-E , м	MPM, LEA			County	
III. DESIGNATION OF TRAN		R OF OIL							
•	& COTA		1 1				copy of this form		
Name of Authorized Transporter of Casinghead Gas. V or Dry Gas					BOX 1188, HOUSTON, TX 77251-9931  Address (Give address to which approved copy of this form is to be sent)				
MERIDIAN OIL TRAD	ING Effe	ctive 1-	1-95 —				STON, TX	77210	
If well produces oil or liquids,	Unit	Sec. T	wp.   Rge.	is gas actuall		When		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
give location of tanks.	G		4-S   34-E	YES		<u> </u>	JUNE 4,	1991	
If this production is commingled with that IV. COMPLETION DATA	from any othe		ol, give comming	ling order numl	ber:				
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sam	e Resiv Diff Resiv	
Date Spudded	Date Compl. Ready to Prod		rvd.	Total Depth			P.B.T D.	L	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations	l	·		l	·····	·	5		
							Depth Casing Sho	D <b>e</b>	
	. 77	IDINIC C		<u></u>	IC PECODI		<u>!</u>		
		טאשסע, כי	asing and	CEMEN III	11.1 K.C.L UKI	,			
HOLE SIZE	CAS	ING & TUBI	ASING AND	CEMENTI	DEPTH SET	J	SACH	(S CEMENT	
HOLE SIZE	CAS	ING & TUBI	ASING AND NG SIZE	CEMENTI			SACH	(S CEMENT	
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HOLE SIZE	CAS	ING & TUBI	ASING AND NG SIZE	CEMENTI			SACH	(S CEMENT	
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V. TEST DATA AND REQUES OIL WELL (Test must be after re Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL	T FOR All covery of 1042 Date of Test Tubing Press Oil - Bbls.	LLOWAB	NG SIZE	be equal to or Producing Me Casing Pressur Water - Bbla	exceed top allow that (Flow, pure	mable for this	depth or be for func.)  Choke Size  Gas- MCF	ll 24 hows.)	
V. TEST DATA AND REQUES OIL WELL (Test must be after re Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test · MCF/D  Testing Method (pitot, back pr.)	T FOR AI covery of total Date of Test Tubing Press Oil - Bbla. Length of Te	LLOWAB  LLOWAB  Livolume of 1  Bure (Shut-in)	NG SIZE  LE  load oil and must	be equal to or Producing Me Casing Pressul Water - Bbls. Bbls. Condens	exceed top allow that (Flow, pure	mable for this	depth or be for fu c.)  Choke Size  Gas- MCF  Gravity of Conden	ll 24 hows.)	
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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
- 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.