

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
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, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

68258

I. Operator MERIDIAN OIL INC. Well API No. 30.015-2925300  
Address P. O. BOX 51810, MIDLAND, TX 79710-1810

Reason(s) for Filing (Check proper box)  
New Well ☐ Change in Transporter of: ☒ Other (Please explain)  
Recompletion ☐ Oil ☐ Dry Gas ☐ To correct Gas Gatherer from El Paso Natural  
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ Gas Co. to Sid Richardson Carbon & Gasoline  
If change of operator give name and address of previous operator Company.

II. DESCRIPTION OF WELL AND LEASE

Lease Name GREGORY B Well No. 2 Pool Name, including Formation Rhodes Yates T-R-Q Kind of Lease State Lease No. NM 050216  
Location Unit Letter D : 660 Feet From The N Line and 990 Feet From The W Line  
Section 28 Township 16.5 Range 37. E NMPM. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)  
Sid Richardson Carbon & Gasoline Co. 201 Main Street, Ft. Worth, TX 76102  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rgn. Is gas actually connected? When? yes N/A

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		

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 (pilot, 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.

Signature Connie L. Malik  
Printed Name Connie L. Malik, Regulatory Compliance Rep.  
Title

Date 1/22/92 Telephone No. 915-688-6891

OIL CONSERVATION DIVISION

FEB 05 '92

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

FOR RECORD ONLY APR 30 1993

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 28 1993**  
**OCD HOBBS OFFICE**