Submit 5 Copies
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

OIL CONSERVATION DIVISION

P.O. Drawer DD. Artesia, NM 88210			Box 2088							
DISTRICT		inta Fe, New N	Mexico 875	04-2088						
1000 Rio Brazos Rd. Azzec. NM 87410	REQUEST FO	OR ALLOWA	DI E AND	ALITHODI	ZATION					
I.		ANSPORT OF								
Operator		<u> </u>	271110 117	TOTIAL	Well	API No.				
MERIDIAN OIL IN	ic.				3	0.02	5-19	25300		
Address			-							
P. O. BOX 51810 Reason(s) for Filing (Check proper box)), MIDLAND, TX	79 710- 181		et iPlease expu						
New Well		Transporter of:								
Recompletion	Oil	Dry Gas	Gas Co	rect Gas	Richar	er from deen Ca	EL Paso	Natural		
Change in Operator	Casinghead Gas	Condensate	Compar		. KICHAI	uson ca	rpon & G	asoline		
If change of operator give name and address of previous operator			•							
IL DESCRIPTION OF WELL	. AND I FASE		-							
Lease Name		Pool Name, includ	ting Formation		Kind	of Lease		case No.		
Gregory B	1	Kholes	Yate	5 7-R.	State (Federal or Fe	e N/4 0	15021K		
Location		<u> </u>								
Unit Letter	_:_660	Feet From The		e and9	90 Fe	et From The		_ ! ine		
Section 28 Towns	31.5	Range 37			100					
Seeson 27 O Towns	m	Range J		MPM.		<u> </u>		County		
III. DESIGNATION OF TRAI	NSPORTER OF OI	L AND NATU	RAL GAS							
Name of Authorized Transporter of Oil	or Conden	me -	Address (Giv	e acidress to wi	ich approved	copy of this f	form is to be se	nt)		
Name of Authorized Transport of Co.										
Name of Authorized Transporter of Casi		or Dry Gas 🔼		e address to wi			form is to be se	nt)		
Sid Richardson Carbon If well produces oil or liquids.	1 1		. 201 Maj . ∣is gas accusii	n Street	Ft. W		X 76102			
give location of tanks.			110 640 041111	405	Wiles	NIC	4			
I this production is commisgled with that	from any other lease or p	xxxi, give comming	ing order num	/						
IV. COMPLETION DATA							- 			
Designate Type of Completion	Oil Well	Gas.Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compi. Ready to	Pmd	Total Depth	L			L			
•	Des Compt. Ready to From.					P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth				
Perforations										
						Depth Casin	g Shoe			
	TIRING (CASING AND	CEMENTI	IC PECOP		1				
HOLE SIZE	CASING & TU	CEMENTING RECORD DEPTH SET			SACKS CEMENT					
				<u> </u>		<u> </u>	SAOKS CEMI	2141		
	i		1							
	<u> </u>		<u> </u>							
. TEST DATA AND REQUE	T FOD ALLOWA	DIE	<u> </u>			.				
	recovery of total volume of		be equal to or	exceed top alla	wable for this	depth or he	for full 24 hour	re)		
Date First New Oil Run To Tank	Date of Test			thod (Flow, pu						
ength of Test	Tubing Pressure		Casing Pressu	TE .		Choke Size				
Actual Prod. During Test	Oil - Bbis.	NI DATA			·	Gas- MCF				
	Ou · Dois.		Water - Bbls.			Cap Wich				
GAS WELL			!			<u> </u>				
Actual Prod. Test - MCF/D	Leagth of Test		Bhis, Condens	man/MMCF		Gravity of C	`ondeneste			
			Data Caraman Marci			development of the second				
seting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size					
L OPERATOR CERTIFIC			_	W 00N	0551	TION	D. "O.O			
I hereby certify that the rules and regular	stions of the Oil Conserva	tion		DIL CON	SEHVA		_	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			11			FEB 0	FEB 05'92			
1	_	:	Date	Approved	i					
_ Congrie Ro	yales									
Signature Connie L. Malik, Regui			Ву	ORIGINAL						
connie L. Malik, Regu	latory Complia	nce Ren	11	DIS	TRICY I SU	JPERVISOR	?			

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

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

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 wells.

915≃688–6891 Telephone No.