Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I. Operator Meridian Oil Inc. Address P. O. Box 51810, Mid Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name	OIL CONS Santa Fe REQUEST FOR AL TO TRANSPO	SERVA P.O. B New M LOWA ORT OII	ATION Box 2088 fexico 875 BLE AND L AND NA	DIVISIO 04-2088 AUTHORI ATURAL GA her (Please explange lease	ZATION AS Well	M/ DM V API No. 30-025-3	AS OPERAL RECREVE See in at Bot AR 20 19	istructions stom of Page	
and address of previous operator						-			
II. DESCRIPTION OF WELL Lease Name	AND LEASE Well No. Pool Na	me Includ	ing Correction		1 22: 1			·	
Cagle C	4 Ja	1mat-7	Cansil-Y	ates-7Rvr	S State	of Lease Federal or Federal		.ease No. 30176–B	
Location L	1980		South	660					
Feet From The Line and Feet From The Line									
Section 3 Townsh	ip 26S Range	37E	, N	MPM, L	ea			County	
III. DESIGNATION OF TRAN	SPORTER OF OIL ANI) NATU	RAL GAS						
I vame or Authorized Transporter of Oil	or Condensate		Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be si	ent)	
Sid Richardson Carbon Name of Authorized Transporter of Casin	ghead Gas or Dry C	Address (Giv	in St., F	t. Wor	th, TX 76102				
Sid Richardson Ca	Wan Basoline	2017m	ain St	It Was	copy of this form is to be sent) The Third 76/02				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge.	is gas actuail		When	?			
If this production is commingled with that	from any other lease or pool, give	comming	Yes	ber:		15-91			
IV. COMPLETION DATA SID HICHARDSON GASOLINE CO Eff. 3/1/93									
Designate Type of Completion	- (X) Oil Well Ga	us 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.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay						
			Top Oil Ole Cay			Tubing Depth			
Perforations Depth Casing Shoe									
	TUBING, CASING	G AND	CEMENTIN	JG RECORD					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
. TEST DATA AND REQUES	T FOR ALL OWARD F								
OIL WELL (Test must be after re	covery of total volume of load oil	and must i	he equal to or.	erceed top allow	mbla fam skia		6 11 24 4		
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pum	p, gas lift, ei	c.)	r juli 24 hour.	3.)	
ength of Test	Tubing Pressure	Casing Pressure			Choke Size				
			Casing 1 Icasuic			CHORD SIZE			
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.			Gas- MCF	-		
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	te/MMCF		Gravity of Co	-42		
Mark of Co.	Tubing Pressure /Ct.					Olavity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA	TE OF COMPLIANC	F							
I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			MAR 1 7 '92						
Stella M. alvarado				Date Approved					
Signature Stella Alvarad	By ORIGINAL SIGNED BY JERRY SEXTON								
District Name				DISTRICT I SUPERVISOR					
3/13/92 915-688-6893									
Date	Telephone No.	—	FOR	RECOR	DO	NLY^{-}	APR ?	30 1993	
INCORPLICATION		للصحيح					• • • • •		

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.

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.