

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
1. ge, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONFIDENTIAL

Operator MERIDIAN OIL INC.		Well API No. 30-025-31324
Address P.O. Box 51810, Midland, TX 79710-1810		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE <i>Jalmat Tansill</i>				
Lease Name C. C. CAGLE C	Well No. 4	Pool Name, Including Formation RHODES YATES-SEVEN RIVERS	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC-030176-B
Location Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 3 Township 26-S Range 37-E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
EL PASO NATURAL GAS CO.		P. O. BOX 1492, EL PASO, TEXAS 79978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.	Rge.
Is gas actually connected?		When ?		
YES		9-15-91		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		X	X						
Date Spudded 8-23-91	Date Compl. Ready to Prod. 8-28-91		Total Depth 3100'		P.B.T.D. 3030'				
Elevations (DF, RKB, RT, GR, etc.) 2991.1' GR	Name of Producing Formation YATES		Top Oil/Gas Pay 2750'		Tubing Depth 2-7/8" @2718'				
Perforations 2750'-2957' <i>OKKs</i>					Depth Casing Shoe 3100'				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		412'		250 SXS - SURFACE				
7-7/8"	5-1/2"		3100'		750 SXS - SURFACE				

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 824 AOF	Length of Test 24 HRS	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pilot, back pr.) PUMPING GAS WELL	Tubing Pressure (Shut-in) 160#	Casing Pressure (Shut-in) 0#	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 *Maria L. Perez*
Printed Name MARIA L. PEREZ
Date 10-10-91
Title PROD. ASST.
Telephone No. 915-688-6906

OIL CONSERVATION DIVISION

JAN 14 '92

Date Approved
By ORIGINAL
Title

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.