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

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

Santa Fe, New Mexico 87504-2088

I.	REC	UEST F TO TR	FOR A	LLOWA PORT OI	BLE AND	D AUTHOR	RIZATION BAS				
Operator	MERI	MERIDIAN OIL INC.				/ I O I I / L C	Well	API No. -025-11296			
Address	Р.	P. O. BOX 51810,			MIDLAND, TX 79710			1810		OX	
Reason(s) for Filing (Check proper New Well Recompletion Change in Operator If change of operator give name and address of previous operator	bax)	Change i	n Transp Dry G Conde	corter of:		Other (Please ex	plain)				
II. DESCRIPTION OF W	ELL AND LI										
Langlie Jal Unit Locuios		14 Langlie N					Kind State	Lease No. 8910115870			
Unit Letter E		310		rom Thie		ine and33		Feet From The	W	Line	
III. DESIGNATION OF T	RANSPORTI	ER OF O	Range IL AN	37 D NATU		NMPM,	Lea		 	County	
Name of Authorized Transporter of Shell Pipeline Con	Oil DECT					ive address to v		copy of this form is to be sent)			
Name of Authorized Transporter of	Casinghead Gas				P.O. Box 2648, Houston, Address (Give address to which approved			TX 77252			
Sid Richardson Car	bon & Gas	Co.	Тwp.	1 800	201 Ma	in Street	t, Ft. W	orth, T	X 76102		
give location of tanks.		İ	İ	1	_	lly connected?	When	7			
If this production is commingled with IV. COMPLETION DATA	that from any of	her lease or	pool, giv	e comming	ing order nu	nber:					
Designate Type of Comple		Oil Well	i	Gas Well	New Wel	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE						<u> </u>			
		- CASING & TOBING SIZE				DEPTH SET			SACKS CEMENT		
. TEST DATA AND REQ	UEST FOR A	LLOWA	BLE								
OIL WELL (Test must be a) Data First New Oil Rua To Tank	fer recovery of to	ed volume o	f load o	il and must	be equal to o	exceed top allethod (Flow, pr	owable for this	depth or be	for full 24 hour	s.)	
	3200				LICONCINE IN	eusu (<i>riow, p</i> i	ump, gas iyi, a	ec.)			
ength of Test	Tubing Pre	Tubing Pressure			Casing Press	rise .		Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL ACTUAL Prod. Test - MCF/D											
WILL FIGE 188 - MICE/D	Length of T	Length of Test				MMCF		Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
I. 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 Signature Printed Name Title Date Telephone No.					OIL CONSERVATION DIVISION Date Approved						

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 mult v completed wells.