Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbe, NM 88240		State of New Mexico Energy, Minerals and Natural Resources Department OTH CONVENTION A CONVENTION AND See Instructions at Bottom of Page										
DISTRICT II P.O. Drawer DD, Antenia, NM 88210			P.O.	ATION DIVISION Box 2088 Mexico 87504-2088						am of Page		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 874	¹⁰ REC				Mexico 8 ABLE AN						anto Ange	
I. Operator					LAND	NATU	RAL G		API No.			
Address		MERIDIAN OIL IN								-025-11297 <u>DK</u>		
Reason(s) for Filing (Check proper box		P. 0). BO	X 51	310, M				7101810)		
New Well Recompletion Change in Operator	Oil Casingh	Change : ead Gas	in Transpo Dry Ga Conden	. []	Other (P)	ente erb					
If change of operator give name and address of previous operator	NION TEX	AS PET	ROLEU	м, Р.	O. BOX	2120,	HOUS	TON, TY	77252			
II. DESCRIPTION OF WEL	L AND LI											
Langlie Jal Unit		Well No.Pool Name, Inclu27Langlie N								Contrailer For 8910115870		
Unit Letter	:6	60	_ Feet Fra	om The .	S	Line and	66()	Foet From The		Line	
Section 31 Town	ntip 2	<u>4S</u>	Range	3	7E	, NMPM		Lea			County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		ER OF C		D NAT				ectio				
Shell Pipeline Compa	iny	or Colde			1				d copy of this , TX 77		nt)	
Name of Authorized Transporter of Cas Sid Richardson Carbo			or Dry (Gas 🦳	Address (<i>Give add</i>	ress lo w	hick approve	d copy of this f	76102	(1 7)	
If well produces oil or liquide, give location of tanks.	Unit					201 Main Street, Ft. We Is gas actually connected? When						
f this production is commingled with th IV. COMPLETION DATA	at from any o	her lease or	pool, give	commin	gling order n	umber:		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completio	n - (X)	Oil Wel	I G	as Well	New W	ell Wa	rkover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	ipi. Ready u	o Prod.	,	Total Dep	<u>له ا</u>		L	P.B.T.D.	L	1	
Elevanons (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/G	Top Oil/Gas Pay				Tubing Depth		
rforations									Depth Casing Shoe			
HOLE SIZE						CEMENTING RECORD						
	CA	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
7. TEST DATA AND REQUE	ST FOR	LLOW	ABLE	····	- <u>-</u> .							
DIL WELL (Test must be after Date First New Oil Run To Tank		xal volume		and mus				wable for th mp, gas lift,		or full 24 hour	s.)	
ength of Test	Tubing Pre	Tubing Pressure				Casing Pressure				Choke Size		
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.				Gas- MCF		
GAS WELL	<u> </u>				i	- ·			<u> </u>	······		
Actual Prod. Test - MCF/D	Length of	length of Test				Bbis. Condensus/MMCF				Gravity of Condensate		
esting Method (pilot, back pr.)	Tubing Pre	saure (Shut-	- <u>m</u>)		Casing Pre	saure (Shi	st-in)		Choke Size			
I. OPERATOR CERTIFIC	CATE OF	COMP	LIANC	Œ	1							
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.					OIL CONSERVATION DIVISIO							
And St.					Dat	e App	rovec	± t	UUI			
Signature Print Print Print 15:1					By	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name Title Title Date Telephone No.					Title	9		. <u></u> ,		-		
			ав лен (°10 ,									

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.
 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