Submit 5 Copies	
Appropriate District Office	
DİSTRICT I	

.

P.O. Box 1980, Hobbs, NM 88240

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

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

.

			Mexico	
Energy, Min	erais and	Natural	Resources	Department

OLL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator		TOTR	ANSP	ORT OI	L AND NA	TURAL G	AS					
) Serence	ME	MERIDIAN OIL INC				Well			APINO. 025-113-5-11305			
Address		P. O. BOX 5181						<u> </u>	0.5			
Reason(s) for Filing (Check proper b		r. U.	DUA	J101				.01810				
New Well		C				het (Please exp	iain)					
Recompletion	Oil		in Transp									
Change in Operator		nd Gas 🔀	∐ DryG Z∕Carda	-								
If change of operator give name	JNION TEX					20 110115		77050				
and address of previous operator IL_DESCRIPTION OF WE			NULLU	, F.O	<u>. BOX 21</u>	20, HOUS	ION, TX	77252				
Lesse Name	LL AND LE	Well No.	Pool N	iame, lacius	ing Formation		Kind	of Lease				
Langlie Jal Unit		15			attix (S		State.	redenal or Fe		eans No. 115870		
Location												
Unit Letter $__$:19	80	_ Feet Fi	rom The	<u> S Lin</u>	and <u>660</u>) F	eet From The	W	Line		
Section 31 Tow	untip 24	4S	Range	37	E .N	MPM	Lea			County		
II DESIGNATION OF T							1					
II. DESIGNATION OF TR Name of Authorized Transporter of O	23	CR OF C or Conde		<u>D NATU</u>	RAL GAS	71-		t come at the				
Shell Pipeline Comp						x 2648,				PM)		
Name of Authorized Transporter of C		X	or Dry	Ges 🛄	Address (Giv	n address to w	hich approved	copy of this f	orm is to be se	nt)		
Sid Richardson Cart				_,	201 Mai	n Street	, Ft. W	orth, TX	76102			
If well produces oil or liquida, five location of tanks.	Unit	Sec.	Twp.	Rgs.	Is gas actuait	y connected?	When	?				
f this production is commingled with a	hat from any ot	her lease or	pool. giv	A commine	ling order numi	ber				-		
V. COMPLETION DATA												
Designate Type of Completi	on - (X)	Oil Well		Gas Weil	New Well	Warkover	Despea	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth		L	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	s (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Ges Pay			Tubing Depth				
erforations												
								Depth Casin	g Shoe			
	1	UBING,	CASE	NG AND	CEMENTI	NG RECOR	D	<u></u>				
HOLE SIZE		SING & TL				DEPTH SET		5	ACKS CEME	NT		
-												
								<u> </u>				
		<u></u>				<u> </u>	··=·-					
. TEST DATA AND REQU						·		<u> </u>				
IL WELL (Test must be after the First New Oil Run To Tank	r recovery of to	tal volume	of load o	il and must	be equal to or	escent top allo	wable for this	depth or be f	or full 24 hour	3.)		
de fils iww ou kue 10 iank	Date of Ter	Ľ			Producing Me	thod (Flow, pu	mp, gas lift, e	LC.)				
ength of Test	Tubing Pres				Casing Pressure			Choke Size				
mul Back During Tax												
ctual Prod. During Test	Oil - Bbls.	Oil - Bbis.			Water - Bbis.			Gas- MCF				
GAS WELL												
ctual Prod. Test - MCF/D	Length of T	ost			Bols. Condens	nie/MMCF	,	Gravity of C	nden rate	<i>v</i>		
sting Method (pilot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFI	CATE OF	COMP	TA NO	<u></u>	·					- <u>.</u>		
I hereby certify that the rules and rea	ulations of the (ation		C C	IL CON	SERVA		NVISIO	N		
Division have been complied with an	d that the inform	Titling give	above			IL CON		11 T 2	K 1991			
is true and complete to the best of m	y knowledge an	d belief.				Approved		4 V I N				
Marin P	Dar				Dale	Approved				· · · · · ·		
Signature,	<u>en</u>				D .,	ODICINIAI	WONED P	Y JERRY SI	EXTON			
	Maria L. Perez Prod Asst.			By ORIGINAL SIGNED BY JERRY SEXTON								
Printed Name	1000		<u></u> Tille	<u> </u>	TAL							
 Date	4157	688-	- 690	06	Title_							
		Telep	inces No.									

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.

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