Submit 5 Copies
Appropriate District Office ا لكالكِلكِ إِ P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais 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

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. MERIDIAN OIL INC. 30-025-1130**\$6** Address P. O. BOX 51810, MIDLAND, TX 797101810 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas X Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator UNION TEXAS PETROLEUM, P.O. BOX 2120, HOUSTON, 77252 II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease State Federal or Fee Lease No. Langlie Jal Unit 301 | Langlie Mattix (SRQ) 8910115870 Location 660 Unit Letter . _ Feet From The _ 660 Line and __ Feet From The _ 31 Township 24S 37E Range Lea NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Cond Address (Give address to which approved copy of this form is to be sent) X Shell Pipeline Company P.O. Box 2648, Houston, TX 77252 Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Sid Richardson Carbon & Gas Co. 201 Main Street, Ft. Worth, TX If well produces oil or liquids, Twp. Unit Rge. is gas actually connected? When? give location of tanks If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Designate Type of Completion - (X) Deepen | Plug Back | Same Res'v Data Soudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 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 - Bbis Gas. MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (puot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shist-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE 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. OGT 28 1991 Date Approved MALL Signature By ORIGINAL SIGNED BY JERRY SEXTON Compliance Rep DISTRICT I SUPERVISOR Printed Name 9/26/91 915-688-6898^{Title} Title Date Telephone 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
- 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 multi- v completed wells.