Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410	, REC	LIESTE	- - -	A117	71A/A	DIE AND	AUTHOF	117 A TION				
I.	, iee											
Operator	_					L AND NATURAL GAS Well API No.						
Address	MERIDIAN OIL INC				•		30	-025-11455 OK				
		P. O.	ВС) X S	181	O, MID	LAND, T	rx 797	101810			
Reason(s) for Filing (Check proper box) New Well						_ 0	her (Please ex	piaun)				
Recompletion	Oil	Change i	a Trans □ Dry	•	of:							
Change in Operator	Casinghe	ad Gas	-	denante	. 7							
If change of operator give name and address of previous operator UN	ION TEX	AS PET	ROLE	EUM.	P.0	BOX 21	120, Hou:	ston TY	77252			
IL DESCRIPTION OF WELL				,			120, 1104	ocom, in	11232			
Lease Name	Well No. Pool Name, Includ				includ	ing Formation		Kind	of Lease		ease No.	
Langlie Jal Unit		35				attix (S			Federal or F		115870	
Location	6.6	0				N	660	n		t.I		
Unit LetterD	_ :66		_ Feat	From '	The	Li	≥ and66(F	est From The	· ———	Line	
Section 5 Townshi	i p 2	5S	Rang		37E	. N	MPM.	Lea			County	
TI DESIGNATION OF TOAR	100000							1.			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF CORde		ND N	MATU	RAL GAS	Ln	ectie	2 n			
Shell Pipeline Company						Address (Give address 16 which approved copy of this form is to be sent) P.O. Box 2648, Houston, TX 77252						
Name of Authorized Transporter of Casin				y Gas		Address (Gi	ne address 10 x	vhick approve	copy of this form is to be serie)			
Sid Richardson Carbon If well produces oil or liquids.	Unit	Sec	Twp		P		n Street			X 76102		
ive location of tanks.	i		1	ı	-	is gas actual	•	j When	1 7			
this production is commingled with that	from any out	er lease or	pool, g	pive co	mming	ing order num	ber:					
V. COMPLETION DATA						·	·		,			
Designate Type of Completion	- (X)	Oil Well	'	Gas V	Vell	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth	1	L	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	None of B	- A. d 5			_	Ton O'UCan						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	ray		Tubing Depth			
erforations	<u> </u>					L			Depth Casing Shoe			
									<u> </u>			
HOLE SIZE	SIZE CASING & TUBING SIZE				DEPTH SET SACKS CEMENT							
						SACKS CEMENT					ENI	
									!	<u> </u>		
. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE						!	·		
IL WELL (Test must be after re	ecovery of lo	ial volume			d must	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	rs.)	
tate First New Oil Run To Tank	Date of Tes	t				Producing Ma	sthod (Flow, p	ump, gas lift, e	uc.)			
ength of Test	Tubing Pres	SELTO:				Casing Press.	LTO		Choke Size			
									!			
ctual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
GAS WELL			-									
ctual Prod. Test - MCF/D	Length of 1	est				Bbis, Conden	mie/MMCF		Gravity of C	ondensue		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	re (Shut-in)		Choke Size				
I. OPERATOR CERTIFICA	ATE OF	COL	* * * *	1		<u></u>			1			
I hereby certify that the rules and regula	NIE OF	COMP.		NCE			DIL CON	SERVA	ATION	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						i						
						Date	Approve	d	1616	<u> </u>		
1277								CICNED D	Y JERRY S	EXTON		
Signature Printed Name Title Date Telephone No.						By ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name	- 3 - 3		Title	<u> </u>	<u> </u>		_					
1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	715 1		1/1	a /_	_	litle.						
Date		Telep	hone i	Vo.								

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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