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## 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, Artenia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	1	S	anta F	e, New I	Mexico 875	504-2088					
I.	REC	UEST F	FOR A	LLOWA	ABLE AND	AUTHOR	RIZATION				
Operator	TO TRANSPORT O  MERIDIAN OIL INC.				IL AND NA	TUHALC	Wel	API No.	<del></del>		
Address							30	<u>-025-11</u> 2	<u> 198</u>	<i>D</i>	
Reason(s) for Filing (Check proper box)	P. O.	ВОХ	5181	0, MI	DLAND,		7101810	)			
New Well		Change i	а Тлава	orter of	_ 0	her (Please exp	piaur)				
Recompletion	Oil		Dry G	_							
Change in Operator X			Conde				····	·····			
and address of previous operator UN			ROLE	JM, P.0	D. BOX 21	120, Hous	ston, T	77252			
IL DESCRIPTION OF WELL	AND LE		Davi N	In-a Last							
Langlie Jal Unit	Well No.   Pool Name, Inclu							of Lease Foderal or Fo	<b>I</b>	22 No. 0115870	
Location	1.0	80			N	660	`				
Unit Letter H	<b>-</b> :	700	_ Feet F	rom The _	Liz	e and	F	eet From The	E.	Line	
Section 8 Townshi	i <b>p</b> 2	.5S	Range	37E	, N	ІМРМ,	Lea			County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL AN	D NATI	JRAL GAS	Trie	ction				
Name of Authorized Transporter of Oil Shrell Pipeline Compar	-introduzer i issusporter of Off of Condensers					we address to w	hich approve	d copy of this form is to be sent)			
Name of Authorized Transporter of Casin					P.O. Bo	x 2648.	Houston	n TX 77252  ed copy of this form is to be sent)			
Sid Richardson Carbon		Co.	or Dry		201 Mai	<i>m address to</i> w .n. Street	<b>NCR approve</b> • Ft. W	d copy of this fo orth, TX	<b>76102</b>		
: If well produces ou or liquids, give location of tanks.	Unit	Sec.	Twp	Rge	is gas actuali		When		70102	<del></del>	
If this production is commingled with that	from any ou	her lesse or	pool, giv	e commins	ting order num	her					
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	(	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.				Total Depth	1	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
								Deput Cating	, 5004		
HOLE SIZE	7	UBING,	CASIN	IG AND	CEMENTI						
FIGLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
					<u> </u>	·		<del> </del>			
V. TEST DATA AND REQUES	T FOD A	HOWA	DIE								
OIL WELL Test must be after re				il and muse	he equal to or	esceed top alla	nunkla for this	e dansk se ka fo	= 6,11 24 han	·• 1	
Date First New Oil Rus To Tank	Date of Ter	ı.			Producing Me	thod (Flow, pu	mp, gas lýt, e	<i>(c.)</i>	7 722 24 700		
Length of Test	Tubing Pressure				Casing Pressu			Choke Size		<del></del>	
Actual Prod. During Test	0.11										
-cause Front Duting Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL							<del></del>	· · · ·			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condens	ate/MMCF	<del></del>	Gravity of Co	Gravity of Condensate		
esting Method (puot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size			
A OPERATOR CERTIFICA											
VI. OPERATOR CERTIFICA  I hereby certify that the rules and regulate				CE		II CON	SERVA	ATION D	IVISIO	NI	
Division have been complied with and th	at the infort	mation gives	above			IL OON			141310		
is true and complete to the best of my kn	owledge and	d belief.	7	,	Date	Approved	ı		<u>.                                    </u>	91	
Joynie Vilalet											
Signature Connie L. Malik	Rec C	omplia	noo D	on.	By	UKIGINAL S DET	HICT I SIN	JERRY SE)	CTON		
Printed Name	neg. U		nce k Title	œμ.							
9/26/91 Date	915-68	6-6898	none No.		iille_				<u> </u>		
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## 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.