

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL 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

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator

Well API No.

Address

MERIDIAN OIL INC.

30-025-11513

P.O. BOX 51810, MIDLAND, TX 797101810

Reason(s) for Filing (Check proper box)

Other (Please explain)

New Well

Recompletion

Change in Operator

Change in Transporter of:

Oil

Dry Gas

Casinghead Gas

Condensate

If change of operator give name
and address of previous operator

UNION TEXAS PETROLEUM, P.O. BOX 2120, Houston, TX 77252

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Langlie Jal Unit

Well No.

83

Pool Name, Including Formation

Langlie Mattix (SRQ)

Kind of Lease

State Federal or Fee

Lease No.

8910115870

Location

Unit Letter L

1980

Feet From The

S

Line and 660

Feet From The

W

Line

Section 9

Township 25S

Range 37E

NMPM

Lea

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Shell Pipeline Company

or Condensate

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 2648, Houston, TX 77252

Name of Authorized Transporter of Casinghead Gas

Sid Richardson Carbon & Gas Co.

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

201 Main Street, Ft. Worth, TX 76102

If well produces oil or liquids,
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When?

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Sanse Resv	Diff Resv
Date Spudded	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		DEPTH SET		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 - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.


Signature

Connie L. Malik

Reg. Compliance Rep.

Printed Name

Title

9/26/91

915-686-6898

Date

Telephone No.

OIL CONSERVATION DIVISION

OCT 28 1991

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

Title

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 multi-completed wells.