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

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe. New Mexico, 87504-2088

DISTRICT III 1000 Rio Brazos Rd., A.	zec, NM 87410				•	lexico 8/3						
I.		REQ					AUTHORI					
Operator MERIDIAN OIL INC.						E AND NA	AND NATURAL GAS    Well API No.   30-025-11555					
Address	Р.	O . B(	) X 518	R10	мтрт	AND TY	79710		0 025-11		<u>OK</u>	
Reason(s) for Filing (Ch			71 710	,	11101	<del></del>	ner (Please expl				<del></del>	
New Well			Change in	Тлавро	orter of:	<u> </u>	(6	,				
Recompletion Change in Operator	$\mathbf{x}$	Oil Caringha	nd Gas 🔀	Dry G								
If change of operator give and address of previous of	NAME					P: P.O. E	30X 2120;	HOUSTO	N, TX 7	7252		
IL DESCRIPTION									<u>-</u>			
Lease Name Blocker			Well No.	1		ting Formation	<del></del>		of Lease		eam No.	
Location			3	Lang	glie Ma	attix (SE	RQ)	State	Federal or Fed	NM-07	66	
Unit Lener _	D	: 33	0	_ Foot Pr	om The _	\Lis	e and 990	)· F	set From The	W	Line	
Section	13 Townshi	i <b>p</b> 25	S	Range	37	7E .N	MPM. L	ea			County	
III. DESIGNATIO	N OF TRAN	ISPORTE	R OF O	II. AN	D NATI	IDAL CAS						
Name of Authorized Tra	esporter of Oil	X	or Conde			Address (Gir	ne address to wi				ent)	
Texas New Mer					P.O. Box 2528, Hobbs, NM 88240  Address (Give address to which approved copy of this form is to be sent)							
SID RICHARI	ON & GAS			201 Main Street, 1								
If well produces oil or lic give location of tanks.	uide,	Undet	Sec.	Twp.	Rgs.	is gas actuali	y connected?	Whea	1 7			
If this production is comm	ningled with that	from any oth	er leass or	pool, giv	e comming	ling order num	ber:	<u></u>				
<del></del> ··			Oil Well		Jas Weil	New Well	Workover	Despen	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Date Soudded	f Completion		A. Ready to	i_		Total Depth	Ĺ	<u>i                                     </u>	<u>i</u>			
		Date Com	a. Manay e	PIOL		Iour Depu			P.B.T.D.		,	
Elevations (DF, RKB, RT	Name of P	roducing Fo	emetice.	*	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Performices	<u></u>	<del></del>						Depth Casing Shoe				
<del></del>		т	UBING.	CASIN	NG AND	CEMENTI	NG RECOR	D	1	<u> </u>		
HOLE SIZ		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
			<del> </del>							<del></del>		
. TEST DATA A	ND DECLIES	T FOR A	HOW	DIE								
IL WELL σ	t must be after n				il and mus	be equal to or	exceed top allo	nvable for thi	s depth or be f	or full 24 hour	rs.)	
Date First New Oil Run T	Date of Tes	t			Producing Method (Flow, pump, gas lift, etc.)							
angth of Test		Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test		Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	<del></del>	-										
Actual Prod. Test - MCF/	<b>D</b>	Length of 1	cet			Bbis. Conden	aste/MMCF		Gravity of C	ondensate		
esting Method (pitot, bac	Tubing Pressure (Shut-in)				Casing Pressure (Shut-is)			Choke Size				
		······································					(union-in)					
VI. OPERATOR					CE			SERV	ATION [			
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above						OIL CONSERVATION DIVISION						
is true and complete to	the best of my is	Dowledge 20	d belief.			Date	Approved	d				
Marin I- Pere						COICILIAL MOLITO DV IERDY CEVYOLI						
Signature Printed Name  Printed Name  Title						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name		VCZ,	1	Title	<u>&gt;                                    </u>	Title						
Date	1/9	15) 1	XX Talan	90	6			-				

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.

RECEIVED

OCT 1 1 1991

CFO HOURS CAMCE