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Appropriate District Office
DISTRICT I
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

## OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

| I. Operator   | AZZEC, NM 87            | ************************************** | QUEST F              | OR A     | ALLOWA<br>PORT O | BLE AND   | AUTHOR                | RIZATI<br>GAS |         |   |                       |                  |  |  |
|---|-------------------------|--|----------------------|----------|------------------|---|-----------------------|---------------|---------|---|-----------------------|------------------|--|--|
|   | MERIDI.                 | ERIDIAN OIL INC.                       |                      |          |                  |   |                       |               |         | API No. 80-025-11556                            |                       |                  |  |  |
| Address   | · · ·                   | В О                                    | ром                  | 510      | 1.0              |   |                       |               |         |   |                       |                  |  |  |
| Reason(s) for Filing (C<br>New Well<br>Recompletion<br>Change in Operator<br>If change of operator gr   |                         | Oil<br>Casing!                         | Change i             | Dry C    | porter of:       |   | her (Please ex        | epiain)       |         |   |                       |                  |  |  |
| and address of previous   | operator                |  |                      | ROLE     | UM CORI          | P: P.O. I   | 30X 2120              | ; HOU         | STO     | N, TX   | 77252                 |                  |  |  |
| II. DESCRIPTIO  | N OF WE                 | LL AND L                               |                      |          |                  |   |                       |               |         |   |                       |                  |  |  |
| Blocker<br>Location   |                         |  | Well No.             | Jus      | stis (T          | ting Formation<br>ubb/Drin<br>lung R9                           | kard)                 | 192           | Kind (  | Federal or Fe                                   |                       | Less No.<br>)766 |  |  |
| Unit Letter   | F                       | :2                                     | 2310                 | _ Feat F | rom The _        | N Lie   | m and                 | 980           | Fe      | et From The                                     | W                     | Line             |  |  |
| Section   |                         |  | 5S                   | Range    |                  |   |                       | Lea           |         | <u> </u>  |                       | County           |  |  |
| III. DESIGNATION Name of Authorized Trans   | emboures of O           | ч —                                    | ER OF O              | IL AN    | D NATL           | Address (Gi   | e address to          | which ap      | proved  | copy of this                                    | form is to be s       | ieni)            |  |  |
| Texas New Me  |                         |  |                      |          |                  | P.O. Box 2528, Hobbs, 1   |                       |               |         | NM 88240  |                       |                  |  |  |
| l .   | _                       | ghead Gas X or Dry Gas DN & GAS CO.    |                      |          |                  | Address (Give address to which approved 201 Main Street, Ft. We |                       |               |         | copy of this form is to be sent) orth, TX 76102 |                       |                  |  |  |
| If well produces oil or in give location of tanks.  | iquida,                 | Unit                                   | Sec.                 | Twp.     | Rge.             | is gas actuali  |                       |               | When    |   |                       |                  |  |  |
| If this production is com<br>IV. COMPLETIO  | mingled with the N DATA | hat from any o                         | ther lease or        | pool, gr | ve comming       | ling order num  | ber:                  | 2HC           |         | 12  |                       |                  |  |  |
| Designate Type of   | of Completic            | on - (X)                               | Oil Well             |          | Gas Well         | New Well  | Workover              | Dec           | pes     | Plug Back                                       | Same Res'v            | Diff Res'v       |  |  |
| Date Spudded  |                         | Date Compi. Ready to Prod.             |                      |          |                  | Total Depth   |                       |               |         | L   | <u> </u>              |                  |  |  |
| Elevations (DF, RKB, R)   | Name of                 | Name of Producing Formation            |                      |          |                  | Top Oil/Gas Pay   |                       |               |         | Tubing Depth                                    |                       |                  |  |  |
| Perforations  | <del></del>             | !                                      |                      |          |                  | !   |                       |               |         | Depth Casin                                     | g Shoe                |                  |  |  |
|   |                         |  | TUBING,              | CASI     | NG AND           | CEMENTI   | NG RECO               | RD            |         | ·   |                       |                  |  |  |
| HOLE SIZE   |                         |  | CASING & TUBING SIZE |          |                  |   | DEPTH SET             |               |         |   | ACKS CEM              | ENT              |  |  |
|   |                         |  |                      |          |                  |   |                       | <u></u>       |         |   |                       |                  |  |  |
|   |                         |  |                      |          |                  | 1   |                       |               |         |   |                       |                  |  |  |
| V. TEST DATA A  | ND REQU                 | EST FOR                                | ALLOWA               | BLE      |                  |   |                       |               |         | · · · · · · · · · · · · · · · · · · ·           |                       | -                |  |  |
| OIL WELL Te   | st must be after        |  |                      |          | oil and must     | be equal to or  | exceed top all        | lowable fe    | or this | depth or be f                                   | or full 24 hou        | F3.)             |  |  |
| Date First New Oil Run  |                         | Date of Test                           |                      |          |                  | Producing Method (Flow, pump, gas lift, etc.)                   |                       |               |         |   |                       |                  |  |  |
| Length of Test  |                         | Tubing Pr                              | Tubing Pressure      |          |                  |   | Casing Pressure       |               |         |   | Choke Size            |                  |  |  |
| Actual Prod. During Test  | Oil - Bbls              | Oil - Bbls.                            |                      |          |                  | Water - Bbls.   |                       |               |         | Gas- MCF  |                       |                  |  |  |
| GAS WELL  |                         | <del>- i</del>                         |                      |          |                  | ·   |                       |               |         |   |                       |                  |  |  |
| Actual Prod. Test - MCF/D   |                         | Length of                              | Length of Test       |          |                  |   | Bbis. Condensate/MMCF |               |         |   | Gravity of Condensate |                  |  |  |
| Testing Method (puot, bac   | Tubing 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. |                         |  |                      |          |                  | OIL CONSERVATION DIVISION  Date Approved                        |                       |               |         |   |                       |                  |  |  |
| Signature Pero Part Acch  |                         |  |                      |          |                  | By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR        |                       |               |         |   |                       |                  |  |  |
| Printed Name  | 91                      | (915)                                  | 88 -6<br>Telep       | Title    | <u></u>          | Title_  |                       |               |         |   |                       |                  |  |  |
|   |                         |  | •                    |          |                  | 1   |                       |               |         |   |                       |                  |  |  |

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-years

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OCT 11 1991

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