Appropriate District Office DISTRICT 1		Energy, N			'ew Mexico tural Resources Department					Form C-104 Revised 1-1-89 See instructions		
P.O. Box 1980, Hobbe, NM 88240 DISTRICT II P.O. Drawer DD, Artenia, NM 88210 P.O. Drawer DD, Artenia, NM 88210 P.O. Box 2088									at Bottom of Page			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		Sa	nta Fe	, New M	lexico 875	04-2088						
<u>I.</u>	REQL				BLE AND L AND NA			NC				
Operator MERII	DIAN OI	EL ING							<b>PI No.</b> )-025-1	1557	DI	
Add <b>ress</b>				ΜΤΠΙΛ	ND, TX	79710	1010	. –		- <u></u> <u>-</u> .		
Reason(s) for Filing (Check proper box) New Well	0. 00/					Please exp			<u> </u>			
Recompletion	Oil	Change in	Dry Ga									
Change in Operator X		d Gas 🔀										
					: P.O. B				I, TX I	77252		
IL DESCRIPTION OF WELL Lesse Name	AND LEA	Well No.	JUS	ume. Includ	ing Formation	R9745	1/19-		(Leme		ease No.	
Blocker		5	Blir	lebry J	ubber	inkard	,	State, I	Federal) or Fe			
Unit LetterE	:2	310	Feat Fa	m The	. Lin	and 75	0	Eee	t From The	W	<b>t</b> :	
Section 13 Townshi				<u>ئے</u> 104 میں					a FIVIA 108		Line	
			Range			MPM, I	Lea	<u> </u>			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF OI or Condens		D NATU		address to w	hich app	roved	corry of this f	orm is to be s		
Texas New Mexico Pipe	line				Address (Give address to which approved P.O. Box 2528, Hobbs,				NM 88240			
Name of Authorized Transporter of Casin SID RICHARDSON CARBO				Gas	Address (Give address to which approved 201 Main Street, Ft. W							
ilf well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actuali	y connected?	1	When	?			
If this production is commingled with that IV. COMPLETION DATA	from any othe	er lease or p	icol, givi	L comming	ling order num	ber: <u>_</u>	)HC	17!	5			
Designate Type of Completion	- (X)	Oil Well		as Well	New Well	Workover	Deer		Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	I. Ready to	Prod.		Total Depth	ſ	1		P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.)	RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth		
Perforations	]				· · · · · · · · · · · · · · · · · · ·				Depth Casin	g Shoe		
<u></u>	Т	UBING.	CASIN		CEMENTI							
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
						·····						
V. TEST DATA AND REQUES					<u> </u>							
OIL WELL (Test must be after n Date First New Oil Run To Tank	Date of Tes		fload o	i and must	the second s	exceed top allo whod (Flow, pr				for full 24 hou	<b>F3.)</b>	
Looph of Too									Choke Size	······································		
Length of Test	Tubing Pressure				Casing Pressure							
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gaa- MCF			
GAS WELL		·· .			-						<u></u>	
Actual Prod. Test - MCF/D	Length of T	ca			Bbis. Conden	Bie/MMCF		;	Gravity of C	ondensate		
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC				CE								
I hereby certify that the rules and regula Division have been complied with and t	that the inform	nauos gives	llion Labove			DIL CON	19FH					
is true and complete to the best of my is	nowledge and	i belief.			Date	Approve	d	(	<u>\$ 101</u>	<u>8 198 î</u>		
Marin L. M.	1											
Signature	202	Pran	i Ĥs	ic)	Ву				UPERVISO			
Printed Name	<u> </u>	- 2 4 61	<u> </u>	<del>~/</del> -								
1-61 10	71-),	100 -	1 <b>1116</b> 1 C /:-	/	Title					<u> </u>		
Date	715) 6		A GUL		Title. 							

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in a with Rule 111.
  All sections of this form must be filled out for allowable on new and recompleted wells.
  Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  Separate Form C-104 must be filled for each proj in multiply companies.

RFC ....

OCT 1 1 1991 Grado HOBBE OPPICE