

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Reg., Minerals and Natural Resources Department

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

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

Well API No.

MERIDIAN OIL INC.

30-225-1159800

Address

P. O. BOX 51810, MIDLAND, TX 79710-1810

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☐

Change in Transporter of:

Oil ☐

Dry Gas ☐

Casinghead Gas ☐

Condensate ☐

☒ Other (Please explain)

To correct Gas Gatherer from El Paso Natural
Gas Co. to Sid Richardson Carbon & Gasoline
Company.

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name: <u>PRICHARD</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Jalmit Tansill Y.T. TRV</u>	Kind of Lease State (Federal or Fee) <u>LC-056968</u>	Lease No. <u>LC-056968</u>	
Location					
Unit Letter <u>N</u>	<u>660</u>	Feet From The <u>South</u>	Line and <u>1980</u>	Feet From The <u>West</u>	Line
Section <u>15</u>	Township <u>02SS</u>	Range <u>037E</u>	NMPM	<u>Lea</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Sid Richardson Carbon & Gasoline Co.</u>		<u>201 Main Street, Ft. Worth, TX 76102</u>
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>15</u>
	Twsp. <u>2SS</u>	Rge. <u>37E</u>
	Is gas actually connected? <u>yes</u>	When? <u>Unknown</u>

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	Same Res'v	Diff Res'v
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.

Connie L. Malik
Signature

Connie L. Malik, Regulatory Compliance Rep.
Printed Name

1/22/92
Date

915-688-6891
Telephone No.

OIL CONSERVATION DIVISION

FEB 05 '92

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

FOR RECORD ONLY APR 30 1993

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 multiply completed wells.