Submit 5 Copies
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

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

DISTRICT III

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 not on routest

1000 Rio Brazos Rd., Aztec, NM 1	37410 DEOUE	TEOD ALLOWA		TION dedication
I.			BLE AND AUTHORIZA L AND NATURAL GAS	111011
Operator		MANGEONIO	LAND NATURAL GAS	Wall A DI Ma
Meridian (Oil, Inc.			30.025-11657
Address D. O. Pov	51010 Midl	and TV 70710	1010	
Reason(s) for Filing (Check proper		and, TX 79710		
New Well		inge in Transporter of: /	Other (Please explain)	
Recompletion	Oil	Dry Gas	Natural Gar	gas gatherer from El Paso s Co to Sid Richardson Carbo
Change in Operator	Casinghead Ga	=,	& Gasoline	
If change of operator give name			u dasorriic	Company
and address of previous operator				
II. DESCRIPTION OF W				
B.M. Jast	We	Il No. Pool Name, includ	ing Formation (Gas) /- /-5	Kind of Lease No.
Location		1 39/7	R1 (Gas/1-1-3	/ State, Federal of Fee
Unit Letter	. 198	() F T	N	8 6
Omit Detter	: <u></u> ;	reet From The	N Line and 66	Feet From TheLine
Section / 7 To	ownship 75 -	S Range 37-	C, NMPM,	County
III DECIGNATION OF T			•	
III. DESIGNATION OF T Name of Authorized Transporter of	RANSPORTER C	OF OIL AND NATU		
			Address (Give address to which	approved copy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas	or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)
Sid Richardson-Cart	on & Gasoline	Co. 7	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?
C			Yes	12/36
If this production is commingled wit IV. COMPLETION DATA	h that from any other les	use or pool, give comming	ling order number.	
THE COMMENSATION DATA		I Well Gas Well		David River David Company
Designate Type of Comple	etion - (X)	Gas Well	New Well WORKOVER	Deepen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Re	ady to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		ing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations				Depth Casing Shoe
				Sopii Casing Direct
	TUB	ING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING	& TUBING SIZE	DEPTH SET SACKS CEMENT	
V. TEST DATA AND REQ	UEST FOR ALL	OWABLE	J	
OIL WELL (Test must be	after recovery of total vo	turne of load oil and must	be equal to or exceed top allowal	ble 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 Program		Casing Pressure	Choke Size
5 -	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 (pitot, back pr.)	Tubing Pressure	(Shut-in)	Casing Pressure (Shut-in)	Choke Size
W OPER LEGIS COM	T76 1 T 6 T 5 T		\	
VI. OPERATOR CERTI			OIL CONS	ERVATION DIVISION
I hereby certify that the rules and Division have been complied with	h and that the informatio	n given above		
is true and complete to the best o	f my knowledge and bel	ief.	Date Approved	MAY 01'92
P. Ille.			11	
Signature			Orig. Signed by Paul Kanta	
Richard Atchley - Prod. Assistant			Geologist	
Printed Name		Title	Tale	e e e e e e e e e e e e e e e e e e e
4/29/92 Date	915-688-694		FOR RECO	RD ONLY ARA O MARA
L-ALE		Telephone No.	FOK KECO	一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一

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.

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