LC-004

Submit 5 Coxes
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. Anena, NM 88210

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

58190

Address P. O. BOX 51810, MIDIAND, TX 79710-1810 Reseased 10 of Filing (Check proper box) New Well Change in Transporter of Change in Check proper box Change in Transporter of Change in Check proper box Change in Check p	1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST FO	OR ALLOW! B NSPORT OIL						
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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.

RECEIVED

APR 9 8 1988

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Submit 5 Cooles
Appropriate District Office
DISTRICT 1
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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.						AUTHORI TURAL G				
Operator MERIDIAN OIL INC							Well A	PI No. D25	1/69-	200
Address		77.77	7071	0 101/	·····					· · · · · · · · · · · · · · · · · · ·
P. O. BOX 51810. Reason(s) for Filing (Check proper box)	MIDLAN	\mathbf{D} , $\mathbf{I}\mathbf{X}$	/9/1	0-1810		et (Please expi	din;			
New Well Recompletion	Oil	Change in 1	Fransporte Dry Gas	r of:						Natural.
Change in Operator		Gas 🗍	•	. ∃	Gas Co Compan	. to Sid	Richard	ison Car	bon & G	asoline
If change of operator give name and address of previous operator				-	Compan	· y • · · · · · · · · · · · · · · · · · · 				
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Section Township	, 25	<u> </u>	Range	37	· < , N	МРМ,	< e a			County
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Name of Authorized Transponer of Casing				• A		e eddress to w				me)
Sid Richardson Carbon If well produces oil or liquids.			Twp.	Ree.		n Street		,		
give location of train.	<u>i i</u>	i	i_i	_		400		9-2	<u>- 55</u>	
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Date Spudded	Date Compi	L Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	N- CD				Top Oil/Gas	Day				
						Tubing Dep	th.			
Perforations								Depth Casi	ng Shoe	
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Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conde	MMCF		Gentity of	Condensate	
Testing Method (pitot, back pr.)	Tubing Pres	stem (Shot-	in)	<u>-</u>	Casas Press	um (Shut-in)		Choke Size	<u>. </u>	
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VI. OPERATOR CERTIFIC				E	11 .		NSERV	ATION	DIVISIO	ON
I hereby certify that the rules and regula Division have been complied with and a						0.2 00.			3 0 3 '92	
is true and complete to the best of my k		d belief.			Date	Approve	ed	,	0 3 92	
Corgio Per Male	k	·			By	الله الله الله الله الله الله الله الله	Na 1505-en		SEXTON	
Signature Connie L. Malik, Regu	latory	Compli:		Rep.	by	€ હાંદી ખે			• .	
Printed Name 1/22/92 91	<u>5=688−</u> 6	6891	Title		Title)				
Date		Teleg	hoss No.	`	<u></u>					

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 sums be filled for each pools in multiply completed wells.

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

1000 KIO BIZZOS KIL, AZZEC, NM. 87	REQUEST		ABLE AND AUTHORIZ		
[.	TOTA	ANSPORT (IL AND NATURAL GA	S	
Operator				Well API No.	1100
MERIDIAN OIL INC	·			30-025-	11672
Address					
21 Desta Drive	Midland, Te	exas 7970	5		
Reason(s) for Filing (Check proper b	eax)		Other (Please explain	n)	
New Well	Change	in Transporter of:_	. Effect	ive 2-1 -89	
Recompletion	Oil	Dry Gas	ļ		
Change in Operator 🔯	Casinghead Gas	Condensate			
f change of operator give name and address of previous operator	Doyle Hartman	P.O. 1	ox 1861 Midlan	d, Texas 79702	2
IL DESCRIPTION OF WE	LL AND LEASE				
Lease Name		Pool Name, inc	uding Formation	Kind of Lease	Lease No.
Carlson-Harrison	Fed Com 1	Jalmat (Gas) Yates - 5 R	State, Federal on Fee	LC-032579C
Location	<u> </u>	• • • • • • • • • • • • • • • • • • • •	- A		<u> </u>
Unit LetterL	: 1980	Feet From The	S Line and 664	Feet From The	W Line
Section 22 To	mahip 25-S	Range 37	<u>-Е</u> , NMPM ,	Lea	County
III. DESIGNATION OF T	DANSPORTED OF	OII AND NA'	TIDAT CAC		
Name of Authorized Transporter of			Address (Give address to whi	ch commend come of this form	n is to be sent)
i and the second			Addition (Other delayers to water	ck approved copy of this join	n is 10 be sere,
Name of Authorized Transporter of	Casinghead Gas	or Dry Gas 🛚	Address (Give address to whi	ch approved come of this form	n is to be sent)
El Paso Natural Ga			P.O. Box 1492	El Paso. Tx.	79978
If well produces oil or liquids,	Unit Sec.	Twp. F	ge. Is gas actually connected?	When ?	, , , , , , , , , , , , , , , , , , , ,
give location of tanks.	i i	i i	ves	9-2-	55
VL OPERATOR CERTI	FICATE OF COM	PLIANCE	11		
I hereby certify that the rules and	regulations of the Oil Con	ervation	OIL CON	SERVATION D	IVISION
Division have been complied with is true and complete to the best of				MAD	· 0 4000
is the and complete to the best of	I my knowledge and beller		Date Approved	, MAR	° 8 1989
(Bui.	1 ///	umbo			
Conn	× 1/1/00	rew as	데		
Signature	/ <u>Operations</u> Tec		ByORIG	HNAL SIGNED BY JER	RY SEXTON
<u> Connie Monahan</u>					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

2-24-89

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

915/686-5681

Telephone No.

- 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.

RECEIVED

MAR 1 1989 OCD HOBBS OFFICE