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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Antenia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III		Santa Fe, Ne		exico 8750	)4-2088					
1000 Rio Brazos Rd., Azzec, NM 8741	REQUEST	FOR ALLO	WAE	BLE AND	AUTHOR	ZATION				
I.	TO T	RANSPOR	T OIL	AND NA	TURAL G	AS				
Operator					API No.					
Address MER	MERIDIAN OIL INC.				<del></del>	3	0-025-11794 OF			
· ·	0									
Reason(s) for Filing (Check proper box	0 BOX 5	1810, MI	DLA		7971 (Please exp	1810		<del></del>		
New Well	•	in Transporter o	of:		er (riedse exp	aut)				
Recompletion	Oil [	Dry Gas								
Change in Operator X	Casinghead Gas	Condensate								
If change of operator give name and address of previous operator U	NION TEXAS PE	TROLEUM (	CORP	: P.O. B	OX 2120;	HOUSTO	N, TX 7	7252		
II. DESCRIPTION OF WEL							<del></del>			
Lease Name Carlson "B"	Well N	o. Pool Name,		-	12 /	Channe	of Lease		Ma No.	
Location				bb/Drink		192	Federal or Fee	NM-07	00	
Unit Letter H	. 1650	Blu		K t	9745 330	1		П		
	<del></del>	Feet From T	De	Line	and	F	et From The _	<u> </u>	Line	
Section 26 Towns	hip 25S	Range	371	E, MA	ирм, I	.ea			County	
TI DESIGNATION OF THE										
III. DESIGNATION OF TRA	on Con-		ATU	RAL GAS						
1	Texas New Mexico Pipeline			P.O. Bo	s <i>address to w</i> x 2528.	<b>uch approved</b> Hobbs	copy of this for NM 8824	<b>rm is to be s</b> i ()	IAL)	
Name of Authorized Transporter of Casinghead Gas 💢 or Dry C			$\overline{}$				copy of this for			
SID RICHARDSON CARI				201 Main	n Street	, Ft. W	orth, TX	76102	(ME)	
if well produces oil or liquide, give location of tanks.	Unit Sec.	Twp.	Rge.	Is gas actually	connected?	When	?			
If this production is commingled with the IV. COMPLETION DATA	a from any other leass o	or pool, give com	mingli	ng order numb	er:					
	Oil We	ell Gas W	/all	New Well	Workover	D	Diversity 16	B		
Designate Type of Completion	1 - (X)		•	1444 Hell	M CHECOARL	Despen	Plug Back  S 	Same Kes v	Diff Res'v	
Date Spudded	Date Compi. Ready	to Prod.		Total Depth	•	L	P.B.T.D.		_1	
Clare (DC DKD DC CD	10G 2K2									
Elevations (DF, RKB, RT, GR, esc.)	Name of Producing	Formation .		Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>						Depth Casing Shoe			
							Deput Casing	SHOR		
	TUBINO	, CASING A	ND (	CEMENTIN	G RECOR	D	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
				<del></del>	<del></del>		:			
			-	<del> </del>			!			
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE				· · · · · · · · · · · · · · · · · · ·	<del></del>			
OIL WELL (Test must be after	recovery of total volum		must b	e equal to or t	exceed top allo	wable for this	depih or be for	r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Met						
Length of Test	Tuking Bassass			Carina Promission			Choke Size			
	Tubing Pressure		ľ	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
			İ				i			
GAS WELL				·			•	•		
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
(7 OPEN 1 TOP (T)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·			
VI. OPERATOR CERTIFIC					U CON	SEDVA	ATION D	11/1010	NI.	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					IL CON			001281991		
is true and complete to the best of my knowledge and belief.				Date Approved			14 6	o ibai		
	1			Date.	wbb.cove(	1				
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	<u> </u>		_	D						
Signature				By ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name Title				DISTRICT I SUPERVISOR						
11 1-6,1 1	<u> (941) 735,</u>	2706		Title_				v		
Date	Tel	ephone No.	-							

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 L. 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-score

RECORD

OCT 11 1991

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