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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

## OIL CONSERVATION DIVISION

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

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

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NOV 5 1992

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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MERIDIAN OIL INC.	Well API No. 30-025-118	SWF _____ S/G _____ BMW _____ SAG _____ DCT _____
Address P.O. Box 51810, Midland, TX 79710-1810		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: RECOMPLETED FROM AN OIL WELL IN THE SEVEN Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> RIVERS, TO A GAS WELL IN THE YATES ZONE. Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name LEGAL	Well No. 3	Pool Name, Including Formation JALMAT-TNSL-YTS-7 RVRS (PRO GAS)	Kind of Lease State, Federal or Fee FEE	Lease No. FEE
Location Unit Letter O : 330 Feet From The SOUTH Line and 1980' Feet From The EAST Line Section 31 Township 25-S Range 37-E, NMPM, LEA County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input type="checkbox"/> WELL DOES NOT PRODUCE ANY CONDENSATE	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/> SID RICHARDSON CARBON & GASOLINE CO.	Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST., FIRST CITY BANK TOWER, FT WORTH, TX					
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 31	Twp. 25-S	Rge. 37-E	Is gas actually connected? YES	When? 10-22-92

If this production is commingled with that from any other lease or pool, give commingling order number:

### IV. COMPLETION DATA SID RICHARDSON CARBON & GASOLINE CO. - EXT. 371/93

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		
Date Spudded 10-6-92	Date Compl. Ready to Prod. 10-10-92		Total Depth 3336'		P.B.T.D. CIBP@3127' W/35' CMT ON TOP			
Elevations (DF, RKB, RT, GR, etc.) 2984' GR	Name of Producing Formation YATES		Top Oil/Gas Pay 2813'		Tubing Depth 2-3/8" @ 2788.77'			
Perforations 2813' - 2911'					Depth Casing Shoe 3300'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	10-3/4", 32#		270'		200 SXS TO SURF.			
8-5/8"	7", 20#		3300'		400 SXS-TOC CALC. TO SURFACE			

### 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 CANNOT RUN A 4-PT OR 1 PT TEST, WELL DIES WITHOUT PUMP. THIS IF FLOW TEST RATE.			
Actual Prod. Test - MCF/D 108	Length of Test 24 HRS	Bbls. Condensate/MMCF NO COND., 4 BW	Gravity of Condensate
Testing Method (prior, back pr.) FLOW TEST	Tubing Pressure (Shut-in) 0#, ON PUMP	Casing Pressure (Shut-in) 90#	Choke Size 64/64"

### 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.

Maria L. Perez  
Signature MARIA L. PEREZ PROD. ASST.  
Printed Name 10-23-92 Title 915-688-6906  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved NOV 02 '92  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title

FOR RECORD ONLY ADD 301993

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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