Submit 5 Cones

State of New Mexico Energy, Minerais and Natural Resources Department

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

Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD. Arlena. NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III	Santa i	Fe, New Mo	exico 8750	04-2088		634	(99	
1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR A					0-7	<i>t</i> 1	
Operator					Well A	Pl No.		
MERIDIAN OIL INC					30-	025-11	81400	
P. O. BOX 51810.  Reason(s) for Filing (Check proper box)	MIDLAND, TX 7	9 <b>710-</b> 181		et (Please expla	·		<del></del>	
New Well	Change in Trans	sporter of:				f F1	Paso Natural,	
Recompletion	Oil Dry	Gas					Paso Natural, & Gasoline	
Change in Operator  If change of operator give same	Casinghead Gas Con	densate	Compar				- Gasorine	
and address of previous operator			~		<del></del>	<del></del>		
IL DESCRIPTION OF WELL Lease Name	AND LEASE	Name Inches	aa Eormaioa		V:-4 -	£1		
R.O. Gregon	4 3 /2	719/1C	Matt	X 7. R.	Sunc	Federal of Fee	C 054667	
Location	'							
Unit Letter	_:3 <u>Jo</u> Feet	From The	الم	e andG	GO Fo	et From The	Line	
Section 33 Township	p 75-5 Rang	e 37	E,N	мрм,	100	2	County	
III DESIGNATION OF TRANS	EDODEED OF OU	>15> >1 A 700 F 11	<b>D.1.</b> G.6					
Name of Authorized Transporter of Oil	or Condensate	ND NATU	RAL GAS Address (Gir	e acidress to wh	ich approved	copy of this form is	to he sent)	
Texas-New Mexic	-New Mexico Tipeline			,,				
Name of Authorized Transporter of Caring						copy of this form is		
Sid Richardson Carbon If well produces on or liquids,	Unit   Sec.   Twp	Rose		in Street	Ft Wi	orth, TX 7	6102	
give location of tanks.		5   37		yes		10./-	60	
If this production is commissied with that IV. COMPLETION DATA	from any other lease or pool,	give comming	ing order num	Der:				
TV. COMPLETION DATA OF	Oil Well	Gas.Well	New Well			Mars Death Ic	nutu bien utu	
Designate Type of Completion	- (X)	OES.WEII	146m 446TI	WORDVET	Deepen	Plug Back   Same	Res'v Diff Res'v	
Date Spudded	Date Compi. 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		
· ·				•		seems return		
Perforations				,		Depth Casing Sho		
	TUBING, CAS	SING AND	CEMENTI	NG RECORI	<u> </u>			
HOLE SIZE	CASING & TUBING	DEPTH SET			SACKS CEMENT			
	i					i .		
	<u> </u>		! 		<del></del>			
V TROTT DATE AND THE						· · · · · · · · · · · · · · · · · · ·	-	
V. TEST DATA AND REQUES OIL WELL Test must be effer to	T FOR ALLOWABLE COVERY of load		·				241	
Date First New Oil Run To Tank	Date of Test	a ou and must		ethod (Flow, pu			24 ROWS.)	
							!	
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF		
						<u></u>		
GAS WELL Actual Prod. Test - MCF/D								
LEGIT LEST - WICHID	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA			(	OIL COM	SERV	ATION DIV	USION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			<b>  </b>	OIL CONSERVATION DIVISION				
is true and complete to the best of my knowledge and belief.			Date ApprovedFE			- FEB	0 5 '92	
Count 1	4 let							
Signature				By ORIGINAL SIGNED BY JERRY SEXTON				
Connie L. Malik, Regulatory Compliance Rep.			DISTRICT I SUPERVISOR					
1/22/92 91	Title 15=688-6891		Title		<u> </u>	× 11 × 7		
Date	Telephone	No		DF(C)	RD C	DNLY	IPR 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.

RECEIVED

APR 2 6 1993

OCD HOBBS CTE.