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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, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

1000 Rio Brazos Rd., Az	tec, NM 87410					TEXICO 67.						
I.		REC					AUTHOF					
Operator							ATURAL C		API No.			
MERIDIAN OI					INC.				30-025-24890 OK			
Address			P. O.	вох	51810). MIDI	AND, TY	x 7971	01810			
Reason(s) for Filing (Che	ck proper box)	·					ther (Please exp					
New Well			Change is	а Тгальяр	orter of:_		and it leads exp	<i>,,</i>				
Recompletion		Oil		Dry G								
Change in Operator If change of operator give	<u>x</u>	Caringh	ad Gas	Conde								
and address of bisonons of	cerator UN	ION TEX	AS PET	ROLE	JM, P.O	BOX 2	120, Hous	ston, TX	77252			
II. DESCRIPTION	OF WELL	AND LE	EASE									
Lease Name	-	Well No. Pool Nam			lame, includ				of Lease	i L	ease No.	
Langlie Jal	Unit		50	Lar	nglie M	lattix (SRQ)	State	Federal or F		115870	
Unit Letter	G	_ :2	150	_ Feat Fr	rom The	N Li	ne and19	980 F	eet From The	Е	Line	
Section	6 Townsh	i p 2	5S	Range	0 = -		NMPM.	Lea			County	
III DESIGNATION											County	
III. DESIGNATION Name of Authorized Trans	OF TRAN				D NATU			111		 		
Shell Pipeline Company						Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648, Houston, TX 77252						
Name of Authorized Trans		X	or Dry	Gas	Address (Give address to which approve			1 copy of this form is to be sent)				
Sid Richards If well produces oil or liqu			,,		201 Main Street,		t, Ft. W					
give location of tanks.	uas,	Unit	Sec.	Twp.	Rge.	is gas actua	lly connected?	When	?			
If this production is commi	ngled with that	from any or	her lease or	pool, giv	re comming	ing order mm	ober:	I				
IV. COMPLETION	DATA											
Designate Type of	Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded			pi. Ready to	Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Pay		Tubing Depth			
Perforations								Depth Casing Shoe				
										- 9	;	
1015015	TUBING, CASING AND				CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
		 				!		. 118	<u>-</u>			
									1			
7 TECT DATA AND	D DEOLIES	177 300 3										
7. TEST DATA AN OIL WELL σ_{est}					.9							
Date First New Oil Run To	must be after re Tank	Date of Te		of local o	ul and must		exceed top alle ethod (Flow, pr			for full 24 hour	3.)	
		3 - 3	-					-νφ, gas 191, t	 .,			
ength of Test		Tubing Pressure				Casing Press	ure		Choke Size			
Actual Prod. During Test Oil - Bbl						Water - Bbis.			Gas- MCF	Gas- MCF		
GAS WELL												
tual Prod. Test - MCF/D Length of Test						Bbis. Conden	mic/MMCF		Gravity of Condensate			
esting Method (pitot, back	ing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
T OPER LEON O		-			·-··				!			
/I. OPERATOR C					CE			ISERVA	TION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION OCT 28 1991						
is true and complete to the	ne best of my ko	nowledge an	d belief.			Date	Annrovo	ال ہ	0 کم از	Moi		
1		<i> →</i>			ļ	שמפ	Approve			CEVTANI		
Sumanur						By ORIGINAL SIGNED BY JERRY SEXTON						
Signature / Perto Pisal Isst						By DISTRICT I SUPERVISOR						
Printed Name	1 1:0	12	100	Title	,	Title						
Date		// / /	Telen	1900 No	<u>.</u>							
						1						

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 multy v completed wells.