Submit 5 Copies
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

63384

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410) BEO	UEST F		I OWAE	BLE AND AL	ITHORI	IZATION	U		,	
I.	1120				AND NATU						
Operator	MERID	MERIDIAN OIL INC.				Well API No. 30-025-24891					
Address	P. 0.	BOX 5	5181	O, MII	LAND, T	K 797	7101810			<u> </u>	
Reason(s) for Filing (Check proper box,)				Other	Please exp	lain)				
New Well		Change in	Ттальеро	ater of:	_						
Recompletion	Oii		Dry Ga								
Change in Operator X	Casinghe	ad Cas 🔀	Conden	ante 🗌							
If change of operator give name and address of previous operator UN	ION TEX	AS PETI	ROLEU	м, Р.О	BOX 2120), Hous	ston, TX	77252			
II. DESCRIPTION OF WELL	L AND LE	ASE									
Lease Name		Well No.			ng Formation			Lease		ease No.	
Langlie Jal Unit		91	Lan	iglie Ma	attix (SRC	!)	3020	Federal or Fee	8910	115870	
Unit Letter	:19	980	. Feet Fr	om The	S Line a	<u>19</u>	80Fe	et From The	Е	Line	
Section 17 Towns	hip 2	<u>5s</u>	Range	37E	, NMF	М,	Lea			County	
III. DESIGNATION OF TRA	NSPORTI			D NATU				····		- · · /··	
Name of Authorized Transporter of Oil	X.	or Condet	THE		Address (Give a					int)	
\$hell Pipeline Company					P.O. Box 2648, Houston, TX 77252						
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent) 201 Main Street, Ft. Worth, TX 76102						
Sid Richardson Carb			,						76102		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Тер	Rge.	is gas actually o	connected?	When	?			
<u> </u>		<u> </u>	L	<u> </u>	<u> </u>		L				
If this production is commingled with th IV. COMPLETION DATA	it from any of	her lesse or AMDOC	pool, giv	ne comming AGOLII	ing order number	. ff. 3/1/	93				
Designate Type of Completion	n - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	iame Res'v	Diff Res'v	
Date Spudded	Date Corr	ipi. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pa	y		Tubing Depth			
Perforations					!			Depth Casing Shoe			
,		TURING	CASI	NG AND	CEMENTING	3 PECOI	2D				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE		CASING & FUBING SIZE				DEFIN SET			Grond Deliter		
											
	 				 						
V. TEST DATA AND REQU	EST FOR	ALLOW	ABLE	····							
OIL WELL (Test must be after					be equal to or ex	ceed top al	lowable for thi	s depth or be fo	r full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of T				Producing Meth						
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			Water - Bbis.			Gas- MCF			
CAC TIET !					!						
GAS WELL	- ,,				180. 2			Carrier -4 C-	ades est -		
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Condensa	ie/MMCF		Gravity of Co	gospans		
	Tubia a							Choke Size			
Testing Method (pitot, back pr.)	l ubing M	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					
VI. OPERATOR CERTIFI				NCE	C	IL CO	NSERV	ATION E)IVISIO	ON	
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.					OCT 2 & 1001						
13 due and complete to the best of the	, www.mage	ar villi.			Date	Approv	ed	<u> </u>	1 60	1001	
Marin Fresh					By	By ORIGINAL SIGNED BY JERRY SEXTON					
Signature, 16 1 - Per 62, Print, 455† Printed Name Title 10 - 1 - 41 (915) 688 6906					Title FOR RECORD ONLY						
											Date

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 multi-v completed wells.