Submit 5 Copies Appropriate District Office

P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD. Artena, NM 88210

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

Form C-104 Revised 1-1-89 e instruct at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator MERIDIAN OIL INC. 3D-*025* -7611200 Address BOX 51810, MIDLAND, TX 79710-1810 Reason(s) for Filing (Check proper box) Other Please explains New Well Change in Transporter of: To correct Gas Gatherer from El Paso Natural. Recompletion Oil Dry Gas Gas Co. to Sid Richardson Carbon & Gasoline Change in Operator Casingh Condens cprade of obsessor since arms Company. IL DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, including Formation Kind of Lease Lease No. Justis State State Federal or Fee Langlie Mattix TRUS ON GB B-11302 Location Unit Letter Feet From The South Line and 660 Feet From The \_ Line Township 0255 Range 0378 NMPM. III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Cond Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casingheed Gos. Address (Give address to which approved copy of this form is to be sent) Sid Richardson Carbon & Gasoline Co 201 Main Street. Ft. Worth, TX 76102 If well produces oil or liquids, Sec. Unit . Two Rgs. | Is gas actually connected? When? give location of tanks. 10-9-78 405 If this production is commissied with that from any other lease or pool, give commissing order number: IV. COMPLETION DATA Oil Well Gas Weil New Well Workover Deepen | Plug Back | Same Res'v Designate Type of Completion - (X) Date Soudded 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 Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil as 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.) Leagth of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bhis Gas- MCF **GAS WELL** Actual Prod. Test - MCF/D Leagth of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. FEB 07'9 Date Approved \_\_\_\_\_ Connie Signature By\_ Connie L. Malik, Regulatory Compliance Rep. Title\_ 1/22/92 915-688-6891

## 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.

Telephone No.

- 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...

