

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 811 S. 1st Street, Artesia, NM 88210-2834
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

Form C-104
 Revised February 10, 1994
 Instructions on back
 Submit to Appropriate District Office
 5 Copies

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, NM 87504-2088

45686a

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Burlington Resources Oil and Gas Company P.O. Box 51810 Midland, TX 79710-1810		² OGRID Number 026485	
⁴ API Number 30-025-26538		³ Reason for Filing Code CH 8-1-96	
⁵ Pool Name LANGLIE MATTIX; 7 RVRB-O-GRAYBURG		⁶ Pool Code 37240	
⁷ Property Code 007370 14435		⁸ Property Name ODESSA LANGLIE FEDERAL	
		⁹ Well Number 1	

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
I	14	025S	037E		1650	S	660	E	Lea

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County

¹² Lse Code FED	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
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III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
7057	El Paso Natural Gas	1857710	O	
20809	Sid Richardson	185730730	G	

IV. Produced Water

²³ POD 1857750	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTB	²⁹ Perforations

³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure

⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ I hereby certify that the rules 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. Signature: <i>Alyson E. McInturff</i> Printed name: Alyson E. McInturff Title: Acctg. Asst. Date: 11-1-96 Phone: 915-688-6891	OIL CONSERVATION DIVISION	
	Approved by: <i>[Signature]</i>	Title:
	Approval Date: JAN 06 1997	

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator <i>Alyson E. McInturff</i> Previous Operator Signature	Meridian Oil Inc. OGRID #026485 Printed Name	Acctg. Asst. 10-3-96 Title Date
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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, Artesa, NM 88210

OIL CONSERVATION DIVISION

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

58233

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator MERIDIAN OIL INC. Well API No. 3D-225-2653800

Address P. O. BOX 51810, MIDLAND, TX 79710-1810

Reason(s) for Filing (Check proper box)
New Well Change in Transporter of:
Recompletion Oil Dry Gas To correct Gas Gatherer from El Paso Natural
Change in Operator Casinghead Gas Condensate Gas Co. to Sid Richardson Carbon & Gasoline
 Other (Please explain) Company.

If change of operator give name and address of previous operator:

II. DESCRIPTION OF WELL AND LEASE (7EUS-QUEEN-GRAYBUEG)
Lease Name Odessa Langlie Federal Well No. 1 Pool Name, including Formation Langlie matrix 7EUS QN^{GB} Kind of Lease Federal Lease No. LC-060943
Location
Unit Letter I : 11650 Feet From The South Line and 660 Feet From The East Line
Section 14 Township 025S Range 037E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or 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 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, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?
yes 12-7-79

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

IV. COMPLETION DATA SID RICHARDSON GASOLINE CO. - EN 07/93

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. 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		
Perforations						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 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

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Signature Connie L. Malik, Regulatory Compliance Rep.
Printed Name 1/22/92 Title 915-688-6891
Date 915-688-6891 Telephone No.

OIL CONSERVATION DIVISION
FEB 05 '92
Date Approved _____
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____
FOR RECORD ONLY APR 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.