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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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P.O. Drawer DD, Artesa, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>MERIDIAN OIL INC.</u>		Well API No. <u>3D-225-2653800</u>
Address <u>P. O. BOX 51810, MIDLAND, TX 79710-1810</u>		
Reason(s) for Filing (Check proper box)		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	X Other (Please explain) To correct Gas Gatherer from El Paso Natural Gas Co. to Sid Richardson Carbon & Gasoline Company.
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Operator ☐		
If change of operator give name and address of previous operator: _____		

II. DESCRIPTION OF WELL AND LEASE		(7 RIVERS QUEEN GRAYBULL)	
Lease Name <u>Odessa Langlie Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Langlie matrix 7 RUS QN</u>	Lease No. <u>LC-060943</u>
Location			
Unit Letter <u>I</u>	<u>11650</u>	Feet From The <u>South</u> Line and <u>660</u>	Feet From The <u>East</u> Line
Section <u>14</u>	Township <u>0255</u>	Range <u>037E</u>	NMPM, <u>Lea</u> 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)		
<u>Sid Richardson Carbon & Gasoline Co.</u>	<u>201 Main Street, Ft. Worth, TX 76102</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.
			Rgs.
			Is gas actually connected? <u>yes</u>
			When? <u>12-7-79</u>
If this production is commingled with that from any other lease or pool, give commingling order number: _____			

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	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		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.		Date Approved <u>FEB 05 '92</u>	
Signature <u>Connie L. Malik, Regulatory Compliance Rep.</u>		By <u>ORIGINAL SIGNED BY JERRY SEXTON</u>	
Printed Name <u>1/22/92</u>		DISTRICT I SUPERVISOR	
Date <u>915-688-6891</u>		Title _____	
Telephone No.			

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.