Submit 5 Conies Appropriate District Office P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104 Revised 1-1-89 ee instructio at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

P.O. Drawer DD. Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOW. BLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS well API No. Operator 30. 025- 2670100 MERIDIAN OIL INC. BOX 51810, MIDLAND, TX 79710-1810 Reason(s) for Filing (Check proper box) Other (Please explain) \mathbf{x} New Well age in Transporter of: To correct Gas Gatherer from El Paso Natural. Dry Gas Recognitation Oil Gas Co. to Sid Richardson Carbon & Gasoline Change in Operator Condens Company If change of operator give name: and address of previous operator: IL DESCRIPTION OF WELL AND LEASE Kind of Lease State Federal of Fee Lease Name --Well No. | Pool Name, including Formation Lease No. Joinat Tansilly LC 055546 590 Feet From The . Line and Unit Letter Feet From The NMPM. III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensat or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas. 201 Main Street. Sid Richardson Carbon & Gasoline Worth, TX 76102 If well produces oil or liquids, Rge. | Is gas actually connected? 400 give location of train... If this production is con igled with that from any other lease or pool, give comm IV. COMPLETION DATA Diff Res'v Oil Well Gas.Well New Well Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Total Depth Date Compi. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE est be equal to or exceed top allowable for this depth or be for full 24 hours.)

Producing Method (Flow, pump, gas lift, etc.) (Test must be after recovery of total volume of load oil and mu Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Leagth of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbis. **GAS WELL** Gravity of Condensate Rhis Condensate/MMCF Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Testing Method (pisot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Conservation nt the information given above FEB 05'92 is true and complete to the best of my knowledge and belief. Date Approved . Cogain a Male MOEXEE By <u>pricialar</u> 0151714 Connie L. Malik, Regulatory Compliance Rep.

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

/22/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

- 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.

915=688-6891 Telephone No.