Submit 5 Contes Appropriate District Office DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

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

SACKS CEMENT

DISTRICT II P.O. Drawer DD, Ariesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  Operator  Veil API No.
I. TO TRANSPORT OIL AND NATURAL GAS
MERIDIAN OIL INC. 30-025 - > 75.37 Sec.
MERIDIAN OIL INC. 30-025 - 7/53/ SAIdress
P. O. BOX 51810, MIDLAND, TX 79710-1810  Ressours for Filing (Check proper box)  XI Other (Please explain)
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
If change of operator give name
and address of previous operator
H. DESCRIPTION OF WELL AND LEASE
Lease Name   Well No.   Pool Name, including Formation   Kind of Lease   Lease No.
HUSKY WOOLWORTH JAIMONT TANSIII YT TRY
Location
Unit Letter : 330 Feet From The South Line and 430 Feet From The West Line
Section 33 Township 0245 Range 037 E 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 Casingheed 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.    Unit   Sec.   Twp.   Rgs.   Is gas accustly connected?   When?
If this production is commingled with that from any other lesse or pool, give commingling order number:  IV. COMPLETION DATA
Oil Well   Gas Well   New Well   Workover   Deepea   Plug Back   Same Res'v   Diff Res'v   Designate Type of Completion - (X)
Date Spudded Date Compi. Ready to Prod. Total Depth P.B.T.D.
P.B.1.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Otl/Gas Pay Tubing Depth
Perforations  Depth Casing Shoe

V. TEST DATA AND REQUEST FOR ALLOWABLE

HOLE SIZE

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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Length of Test Casing Pressure Tubing Pressure Gas- MCF Actual Prod. During Test Water - Bbis. Oil - Bhis.

1

**GAS WELL** 

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

## VL 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.

Connie 2 malik

Connie L. Malik, Regulatory Compliance Rep. Printed Name

1/22/92 915=688-6891

Telephone No.

**CASING & TUBING SIZE** 

## OIL CONSERVATION DIVISION

FEB 07'92 Date Approved \_

Title\_

DEPTH SET

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 sousabe-filed for each pool in multiply completed wells...