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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		2	Santa Fe	e, New N	Mexico 87:	504-2088					
I.	REC					AUTHOR					
Operator	TO TRANSPORT OIL AND N					ATURAL G	Well API No.				
Address MER	IDIAN	OIL.	INC.				30-	-025-284		DK.	
Reason(s) for Filing (Check proper box)	0. B 01	X 518	10, N	IIDLAN		797101					
New Well		Change	in Transpe	orter of:		ther (Please expi	aur)				
Recompletion	Oil		Dry G	 \Box							
Change in Operator X If change of operator give name	Casinghe	ad Gas	Conde	200							
and address of previous operator UN.			ROLEU	M, P.O	. BOX 21	120, HOUS	TON, TX	77252			
IL DESCRIPTION OF WELL Lease Name	AND LE		i Bool M	lama Inalii	ing Formation						
Langlie Jal Unit		103				g Formation Kind State (SRQ)				23 No. 115870	
Unit Letter P	_ :1	200	_ Feet Fr	om The _	S Li	ne and131	<u> </u>	eet From The	W	Line	
Section 31 Township 24S Range 37E						.NMPM. Lea County					
III DESIGNATION OF TO AN										County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	NSPORTE	or Conde	DIL AN	D NATU	RAL GAS	ve address to w	hich approved	come of this fi	orm is to be s		
Shell Pipeline Company						x 2648,				<i>7</i> L)	
Name of Authorized Transporter of Casin		X	or Dry	Cas	Address (Gi	ve address to wi	hich approved	copy of this fe	orm is to be se	int)	
Sid Richardson Carbor If well produces oil or liquids,	n & Gas IUmit	Co.	Twp.	1 2		n Street			76102		
give location of tanks.	<u>.</u>	İ	1	Rge.	-	ly connected?	When	?		į	
If this production is commingled with that IV. COMPLETION DATA	from any od	her lease or	r pool, giv	e comming	ling order num	nber:	<u> </u>	- · · · · · · · · · · · · · · · · · · ·			
Designate Type of Completion	- (X)	Oil Wei	u c	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready i	o Prod.		Total Depth	<u> </u>	L	P.B.T.D.		1	
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations	<u> </u>										
								Depth Casing	i Spoe		
LIQUE CIZE					CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE CASI			UBING S	IZE	DEPTH SET			SACKS CEMENT			
. TEST DATA AND REQUES						<u> </u>	· · · · · · · · · · · · · · · · · · ·				
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of to	tal volume	of load or	il and must	be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 hour.	z.)	
CALLE PIRK NEW CIT KUII 10 120K	Date of Tes	s t			Producing Mo	ethod (Flow, pu	mp, gas lift, ei	(c.)		:	
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF			
GAS WELL	[.									
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conden	sate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	A TE OF	CO1 (F)	7 7 4 3 7								
I hereby certify that the rules and regular	tions of the (Oil Conser	Vation	CE		DIL CON	SERVA	TION D	IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedOCT 28 1991.					<u>f</u>	
ome X. Malik								-			
Signature					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name Connie Malik Re	g. Com	no R	Tide		Title	D)	is IMICT S	UFERVISO	ж		
Date9/24/91 915-688	$\frac{36898}{6898}$		phone 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 mult v completed wells.