Submit 5 Coxes
Appropriate District Office
DISTRICT!
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD. Artesia. NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	71200	TRAN		IL AND NA						
Operator	· · · · · · · · · · · · · · · · · · ·	. <u> </u>		IL MIAD IN	TOTIAL	₩eii	API No.			
MERIDIAN OIL I	NC.							2880)5	
Address	1101							<i>V</i> 030		
P. O. BOX 5181	O. MEDIAN	D. TX	79 710 -18	10						
Reason(s) for Filing (Check proper box	:)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	77720 10		her i Please exp	رميم				
New Well		Change in T	ransporter of:		rrect Gas	s Gather	er from	Fl Pago	Natural	
Recompletion	Oil		Ory Gas		o. to Sid					
Change in Operator	Casinghee	i Gas 🔲 🤇	ondensate	Compa		· wrcher	uson ca	rbon & G	asuline	
If change of operator give name				Compa						
and address of previous operator				·	-					
IL DESCRIPTION OF WEL	L AND LEA	SE		-						
Justis, A.M.		Well No. P	ool Name, inch Jalaget	ding Formation	1 47 7	Kind State,	of Lease Federal or Fe	*)	cass No.	
Location BHL: A	• •	28		$\overline{}$	<u> </u>	403		Ecut		
Unit Letter 5L: # E	·		eet From The	_	ne and	_	et From The		Line	
Section / 7 Town	ship 75	<u>کر۔ R</u>	tange 3 /	۱. ۲.	IMPM.	lea	 -		County	
III. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND NAT	URAL GAS						
Name of Authorized Transporter of Oil		or Condense		Address (Gi	we address to w	nich approved	copy of this	form is to be s	ent)	
Scurlock Permia										
	ne of Authorized Transporter of Casinghead Gas. or Dry Gas				Address (Give address to which approves copy of this form is to be sens)					
Sid Richardson Carbo	n & Gasol				201 Main Street, Ft. Worth, TX 76102					
If well produces oil or liquids,		Unit / Sec. Twp. Rge.			ils gas actually connected? When?					
give location of tanks.	1 -1	<u> </u>	25 3	<u>/ </u>	10		10 1	5-XX		
If this production is commingled with the	st from any othe	er lease or po	ol, give commit	igting order nun			<u></u>			
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	m - (X)	1	<u>i</u>	1	1	1		ĺ	i	
Date Spurided	Spunded Date Compil. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	F, RKB, RT, GR, etc.) Name of Producing Formation				Pay		Tubing Depth			
Perforations				_ <u> </u>			Depth Casing Shoe			
		UDDIC C	A CINIC AND	CEMENT	NG PECOI	20				
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET SACKS CEMEN					
TIOCE SIZE	UAS	110 4 100	ING SIZE		DEF IN SE	•		CHOICE OLINEIT		
	<u>- i </u>							 		
	<u> </u>		 							
							,			
V. TEST DATA AND REQU	EST FOR A	LLOWAE	BLE				·			
OIL WELL (Test must be after				est be equal to o	r exceed top ail	lowable for th	s depth or be	for full 24 hor	ert.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
	1			1						
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL			<u> </u>				<u> </u>			
Actual Prod. Test - MCF/D	Leagth of T	est		Bbis. Conde	name/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
							<u> </u>			
VL OPERATOR CERTIFI	CATE OF	COMPL	IANCE		~!! ^~:		A TIO:	DN 4014		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been comptied with and that the information given above					FEB 1 2'92					
is true and complete to the best of m	-	t belief.		Date	e Approve	ed		T % 02		
_Cogai Fil	11-01					-				
Office Tel	7			D.				MOTEL		
Signature	1 .			∥ ву_				:	•	
Connie L. Malik, Reg	ulatory (nce Rep.							
1/22/92	915=688-6	-	1145	II Title)					
Date	<u> </u>		one 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.

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