Submit 5 Coxes Appropriate District Office DISTRICT 1 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 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 I.		OR ALLOWAS							
Operator MERIDIAN OIL INC				veil A	9076 00				
Address P. O. BOX 51810,	MIDLAND, TX	79 710- 1810		t iPlease expu			·		
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in Oil Casinghead Gas	Transporter of: Dry Gas Condensate	To cor	rect Gas . to Sid	Gathere	r from E son Carb		Natural .	
If change of operator give name									
IL DESCRIPTION OF WELL		(Farisitt		PRIVERS)	Kind o	Laze	[es	use No.	
Wells Federal	18	Jalmat To			State, F	ederal or Fee		253324	
Unit Letter	: 3 <i>30</i>	Feet From The <u>St</u>		and	<u> </u>	t From The	west	Line	
Section 0 4 Township	0255	E, NMPM,			Lea county				
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF O			e address to wi	uch approvea	copy of this for	n is to be sen	a)	
Name of Authorized Transporter of Casing		or Dry Gas	Address (Give		ich commed				
Sid Richardson Carbon If well produces oil or liquids, rive location of male.	& Gasoline Co	0	Address (Give address to which approved 201 Main Street, Ft. We Is gas accusily connected? When			orth, TX 76102			
I this production is commingled with that t	from any other lease or	poot, give commingti	ing order/aumi			Tilou	r, 19	<u>80</u>	
IV. COMPLETION DATA	Oil Weil	· · · · · · · · · · · · · · · · · · ·	New Well		Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i				<u> </u>			
Date Spudded Date Compi. Ready to Prod		Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formston			Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe		
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			CEMENTING RECORD DEPTH SET			SACKS CEMENT		
THE SEE STORY									
	1	<u></u>							
V. TEST DATA AND REQUES						<u> </u>		1	
OIL WELL Test must be after recovery of total volume of load oil and must be Date First New Oil Run To Tank Date of Test				exceed top all sthod (Flow, p	owable for this ump, gas lift, e	depth or be fo tc.)	r full 24 hou	3.)	
Langth of Test	Tubica Passara		Casing Press	ITE.		Choke Size			
	Tubing Pressure					Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Water - BOIL						
GAS WELL						10			
Actual Prod. Test - MCF/D	Langth of Test	Bbis. Condensate/MMCF			Gravity of Condensia				
Testing Method (pisot, back pr.)	Tubing Pressure (Shut	Casing Pressure (Shut-in)			Choka Size				
VI. OPERATOR CERTIFIC					NSERV	ATION [DIVISIO	N	
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. Signature				F78 V172					
				Date Approved					
							A SECTION AND		
Connie L. Malik, Regu	latory Compli	lance Rep.							
1/22/92 9	15=688-6891	sphone No.	il inte						
Date	100	ahenese ver	11						

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 filled for each pools in multiply completed wells.