

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator MERIDIAN OIL INC. Well API No. 30-025-29264
2964000
Address P. O. BOX 51810, MIDLAND, TX 79710-1810
Reasons for Filing (Check proper box) ☒ 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 ☐ Casinghead Gas ☐ Condensate Company.

If change of operator give name and address of previous operator: _____

II. DESCRIPTION OF WELL AND LEASE (Tansil Yates 7 Rivers)
Lease Name Wells Federal Well No. 19 Pool Name, including Formation Jalmat Tansil YR 7RV Kind of Lease (Federal or Fee) Lease No. NM-14214
Location Unit Letter 0 : 6600 Feet From The South Line and 2310 Feet From The East Line
Section 04 Township 0255 Range 037E 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 Casinghead 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, give location of tanks. Unit Sec. Twp. Rgs. Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE
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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

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

VI. 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 L. Malik
Signature
Connie L. Malik, Regulatory Compliance Rep.
Printed Name Title
1/22/92 915-688-6891
Date Telephone No.

OIL CONSERVATION DIVISION
Date Approved FEB 05 '92
By RAY SEXTON
Title INSUR

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.