1-004

Submat 5 Comes
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico nergy, Minerais and Natural Resources Depart....nt

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

58189

DISTRICT III	Santa Fe, New Mexico 87504-2088						20101			
1000 Rio Brazos Rd., Azzec, NM 87410	REQU	IEST FO	R ALLOWAS	BLE AND	AUTHOR	IZATION				
I. Operator			NSPORT OIL			AS		29	5-28	
MERIDIAN OIL INC	-						API No		76	
Address	J •					30	025.	725	7825	
P. O. BOX 51810.	MIDLAN	ID, TX	79 710- 181	0						
Reason(s) for Filing (Check proper box) New Well			-		her (Please exp					
Recomptetion	Oil .		Transporter of: Dry Gas	To con	rrect Ga	s Gather	er from	El Paso	Natural	
Change in Operator	Casinghood		Condenses .	Gas Co Compa	o. to Si	d Kichar	dson Car	bon & G	asoline	
ruq adquest of bisations obsessor.										
IL DESCRIPTION OF WELL	ANDIE	CE	· · · · · · · · · · · · · · · · · · ·	-						
Leage Name	AND LEA		Pool Name, include	ne Formation		Kind	of Lease	I a	ease No.	
Carlson Federal		5	1019/ie.	Mateti	ix 7-1	- O Sunce	Federal or Fee		0166	
Location	, -		-	,		200				
Unit Letter	•		Feet From The	<i>N</i> Liı	ne and	Fo Fo	eet From The _		Lipe	
Section 26 Townshi	p 25	ر. ک	Range 3	ر کے ، ا	IMPM.	Lea			County	
III DESIGNATION OF TRAN	CDODTE									
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPURIE	or Condens				vhich approved	copy of this fo	em is in he se		
	31 1	· .	, Ll	Address (Give address to which approved copy of this form is to be sens)						
Name of Authorized Transporter of Casis			or Dry Gas	Address (Give address to which approved copy of this form is to be sent) 201 Main Street, Ft. Worth, TX 76102					ne)	
Sid Richardson Carbon If well produces oil or liquids.	1 1				in Stree By connected?	t Ft W	3			
give location of tanks	<u>i i</u>	i	i	-	yes		1-89	, 0		
f this production is commingled with that	from any othe	r lease or po	ool, give comming	ing order min	ber:					
V. COMPLETION DATA	U MINIS	Oil Well	Gas.Weil	NE CO.			Pro- Port I			
Designate Type of Completion	- (X)	l	Cas.well	I MAN MELL	WORLDVEE	Deepea	Plug Back	75me Ket.A	Diff Res'v	
Date Spudded	Date Compi	L Ready to i	rod.	Total Depth	-		P.B.T.D.		.1.	
Elevations (DF, RKB, RT, GR, etc.)	mation	Top Oil/Gas Pay		 	Tubing Dept		···········			
Perforations										
renoration	•						Depth Casing	Shoe		
	78	UBING, C	CASING AND	CEMENT	NG RECO	RD	1			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			s	SACKS CEMENT		
	<u> </u> 	•		<u> </u>			<u> </u>			
	<u> </u>			<u>. </u>			:			
										
TEST DATA AND REQUES OIL WELL Test must be effer to										
Onto First New Oil Run To Tank	Date of Test		1004 ou and must		r exceed top at lethod (Flow, p			or full 24 hou	73.)	
angth of Test	Tubing Pressure			Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF	Gas- MCF		
GAS WELL									,	
Actual Prod. Test - MCF/D	Length of To			Bble. Conde	nante/MIMCF		Gravity of C	ondenssta.		
ing Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
L OPERATOR CERTIFIC						NCEDY	ATION		181	
I hereby certify that the rules and regula Division have been complied with and t	tions of the C hat the inform	Dil Conserva	tion shove	'	OIL COI	AOEU A			M	
is true and complete to the best of my k	nowledge and	i belief.		Date	Approve	ad .	FEB 0	3 '92		
Comis Pary	0.6				- whicae	~ ~				
Signature	· · · · · · · · · · · · · · · · · · ·			By_	ORIGINA	L SIGNED E	BY JERRY SI	EXTON		
Connie L. Malik, Regui	atory (DI	STRICT I SU	JPERVISOR			
	.5 =6 88–6	-	Title		17 67	ORD (ONLY			
Date.		Teleph	one No.	FOR	KEC	OND '	~	APR 3	0 1993	
INCIDENCE TO SECTION OF THE SECTION								(1) "35"	all	

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.