Submit 5 Copies	
Appropriate District Office	
DISTRICT I	
P.O. Box 1980, Hobbs, NM	8824

T

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 State of New Mexico Energy, Minerais and Natural Resources Department

P.O. Box 1980, Hobbs, NM 88240	OIL CONSER
DISTRICT II	OIL CONSER
P.O. Drawer DD, Artesia, NM 88210	P.O

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page L CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		10 In	ANO		AND NA	TURAL G				<u></u>	
Meridian Oil Inc.							Well	API No.	25-304	158	
Address	•• 17 d	.		70705						00	
21 Desta Drive, N Reason(s) for Filing (Check proper box)	110 l and	, iexa	S /	79705	0	er (Please expl					
New Well		Chance i	n Tmn	sporter of:		a (r lease expl	an)				
Recompletion	Oil		Dry	• •							
Change in Operator	Caninghe	M Gas [- 1	densate							
If change of operator give name	Callinging										
and address of previous operator					······						
IL DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No.	Pool	Name, includi	ing Formation		Kind	of Lease	I	case No.	
Pitchfork "10"		1	P	itchfork	Ranch (M	1orrow)	(Select	(Festeral or Fe	e		
Location								· · · · · · · · · · · · · · · · · · ·			
Unit LetterC	. 6	60	_ Feet	From The	lorth Lin	e and 19	80 _F	eet From The	West	Line	
Section 10 Townsh	ip 25 S	outh	Ran	🕿 <u>34 Eas</u>	<u>st , n</u>	MPM,			Lea	County	
III. DESIGNATION OF TRAM Name of Authorized Transporter of Oil	NSPUKIE	or Conde		ND NATU							
Transfer of Functional Property of OI			49245		AUGTERS (GIV	e aadress io w	піст арргочес	t copy of this j	orm is to be s	eni)	
Name of Authorized Transporter of Casis	ighead Gas		OF D	ry Gas X	Address (City		high				
Southland Gathering Co	-	ن <u>ــــ</u> ا	or D					<i>i copy of this f</i> rth, TX		ent)	
If well produces oil or liquids.	Unit	Sec.	Twp	Ree	is gas actuali		When		70112		
give location of tanks.	1		1	~ ^~8~~	Yes	•		02/0	// / 80		
If this production is commingled with that	from any of	her lease of	i pooi.	give comming			I	0270	4/03	_	
IV. COMPLETION DATA							· · · · · · · · · · · · · · · · · · ·				
		Oil We		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	i - (X)	i	i	х	X		1				
Date Spudded	Date Com	pl. Ready t	o Prod	L	Total Depth	A		P.B.T.D.	_I	<u></u>	
10/09/88					15,027'			14	14,093' 14,905		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
<u>3342 GR</u>	Morrow			14,740'			12,878'				
Perforations								Depth Casir	ng Shoe		
14,892-14,905; 14,480-											
				SING AND	CEMENTI						
HOLE SIZE	CA	SING & T		G SIZE	DEPTH SET			SACKS CEMENT			
17_1/2"		13_3	· · · · · · · · · · · · · · · · · · ·		612'		650				
12 1/4"		<u> </u>	/8"		5,186'			3,000			
8.3/4"					13,300'			1,725			
V. TEST DATA AND REQUE	ST FOR		<u>/2"</u>	F		2.878'		1		<u> </u>	
OIL WELL (Test must be after					he emist to or	erceed top all	awable for th	ie daneh an ha	for full 24 hou)	
Date First New Oil Run To Tank	Date of Te					ethod (Flow, p			<i>јот ј</i> ші 24 но		
						·····, p.					
Length of Test	Tubing Pressure		Casing Pressure			Choke Size					
-											
Actual Prod. During Test	Oil - Bbls	•			Water - Bbis.		Gas- MCF				
GAS WELL			· · · ·		•			· · · · · · · · · · · · · · · · · · ·		.	
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conden	sate/MMCF		Gravity of (Condensate		
828	24 hrs.		- 0 -		Gravity of Condensate NA						
Testing Method (pitot, back pr.)	Tubing Pr	essure (Shu		-	Casing Press	•		Choke Size			
728 mcf/d		890 ps	ia		PK	R			11/64		
VL OPERATOR CERTIFIC				NCE	1			<u> </u>	, - ,	<u></u>	
I hereby certify that the rules and regu						DIL CON	NSERV	ATION	DIVISIO	NC	
Division have been complied with and that the information given above			MAR 1 4 1989								
is true and complete to the best of my	knowledge a	nd belief.			Data	Approve	d	MAK 1	4 1303	ļ.	
002	/					. Uhhione	·u				
R. L. Gradshaw yom				D		ORIGIN	AL SIGNED	BY HODV	SEXTON		
Signature R.L. Bradshaw, Sr. Staff Env./Reg. Specialist				By_			DISTRICT				
R.L. Bradsnaw, Sr. Sta Printed Name	II CIIV.	/neg.	Sper Title				•				
03/07/89	915/68	6-5678		•	Title						
Date	510700		ephone	e No.	11					*	
					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 filed for each pool in multiply completed wells.

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