Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> 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		
DISTRICT II	OIL CONS	DIVISION			. 200	ous of tage			
O. Drawer DD, Artesia, NM 88210	Santa Fe	)4-2088	4-2088 630						
000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR AI						-		
Operator MI	ERIDIAN OIL INC.			I OTIAL CI	Well	API No.	· <u>····</u>		
Address					-06	-025-3087	1		
P Reason(s) for Filing (Check proper box)	. O. BOX 51810,	MIDLA							
lew Well	Change in Transpo	rter of:	C Othe	et (Please expl	ain)				
Recompletion	Oil Dry Ga Casinghead Gas Conden								
change of operator give name	ION TEXAS PETROLEU		BOX 21	20 <sup>1</sup> /2012	ton TV	77252	<u>-</u>		
L DESCRIPTION OF WELL		<u>n, r.0</u>	<u>. BOX 212</u>	20, nous	Lon, 1X	77252			
case Name	Well No.   Pool Na				Kind	of Leage	L	ease No.	
Langlie Jal Unit	113 Lan	glie M	attix (SH	<u> </u>	State	Federal or Fee		115870	
Unit LetterG	: 1400 Feet Fr	om The	N Line	and 135	50 <b>r</b>	eet From The	Е		
Section <sup>5</sup> Townsh					•	eartonnine _			
10444		<u>37e</u>		APM,	Lea			County	
I. DESIGNATION OF TRAI lame of Authorized Transporter of Oil	NSPORTER OF OIL AN	<u>d natu</u>	RAL GAS						
Shell Pipeline Compa	Shell Pipeline Company			Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648, Houston, TX 77252					
ame of Authorized Transporter of Casis Sid Richardson <del>Carbo</del>		Address (Give	<b>e address</b> to wi	uch approved	copy of this form is to be sent)				
well produces oil or liquids,	Unit Sec. Twp.	Rge.	Is gas actually	·····	, Ft. W	orth, TX	76102	····	
ve location of tanks.	<u> </u>	Í						-	
this production is commingled with that	from any other lease or pool, give	e commingi	ing order numb	er. Meter Anna da					
Designate Type of Completion		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded	Date Compl. Ready to Prod.		Total Depth		I	P.B.T.D.		1	
levations (DF, RKB, RT, GR, etc.)						F.B.1.0.			
evations (DF, KKB, KT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
erforations		· · · · · · · · · · · · · · · · · · ·	<u> </u>			Depth Casing	Shoe		
	TUBING, CASIN	IG AND	CEMENTIN	G RECOR	D	1			
HOLE SIZE	CASING & TUBING S		DEPTH SET		SACKS CEMENT				
TEST DATA AND REQUE	ST FOR ALLOWABLE								
IL WELL (Test must be after r	recovery of total volume of load of	l and must	be equal to or e	sceed top allo	wable for this	depth or be for	full 24 hou	r.)	
ue First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, et			<i>u</i> c.)			
ngth of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size		
tual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
AS WELL									
	Length of Test	rentru or i ctt		Bbis. Condensate/MMCF		Gravity of Condensate			
sting Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
I. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	ations of the Oil Conservation	Œ	0		SERVA	ATION D	IVISIC	N	
is true and complete to the best of my l	knowledge and belief.	(m	Date	Approved	t t	<b>OGT 2</b>	<mark>8 19</mark> 91		
1 Pince 2	N. Uplake	C	By	ORIGIN/	N. SIGNED	67.			
Signating									
Signatini Connie L. Malik	Reg. Compliance	Rep.			STNCT I	SUPERVISO	R		
Signaturi Connie L. Malik Printed Name 9/26/91 915-688-6	Reg. Compliance Tide	Rep.	Title_	• •	STRICT I	SUPERVISON NLY	R		

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 mult - v completed wells.