13946A

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
811 S. 1st Street, Artesia, NM 88210-2834
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address	2 OGRID Number
Burlington Resources Oil and Gas Company P.O. Box 51810 Midland, TX 79710-1810	026485
	3 Reason for Filing Code CH 8-1-96

4 API Number	5 Pool Name	6 Pool Code
30-025- 09672	JALMAT;TAN-YATES-7 RVRS (PRO GAS)	79240
7 Property Code	**8 Property Name**	**9 Well Number**
014378	WOOLWORTH	1

II. 10 Surface Location

UL or lot no	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
P	26	024S	036E		660	S	330	E	LEA

11 Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County

12 Lse Code	13 Producing Method Code	14 Gas Connection Date	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date
FEE					

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
7440	EUTT ENergy Operating	1368110	O	
20609	Sid Richardson	1368130	G	

IV. Produced Water

23 POD	24 POD ULSTR Location and Description
1368150	

V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations

30 Hole Size	31 Casing & Tubing Size	32 Depth Set	33 Sacks Cement

VI. Well Test Data

34 Date New Oil	35 Gas Delivery Date	36 Test Date	37 Test Length	38 Tbg. Pressure	39 Csg. Pressure

40 Choke Size	41 Oil	42 Water	43 Gas	44 AOF	45 Test Method

46 I hereby certify that the rules 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: Alyson E. McInturff

Printed name: Alyson E. McInturff

Title: Acctg. Asst.

Date: 11-1-96 Phone: 915-688-6891

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY TIM W. GUM DISTRICT II

Title:

Approval Date: JAN 06 1997

47 If this is a change of operator fill in the OGRID number and name of the previous operator

Alyson E. McInturff — Meridian Oil Inc. OGRID #026485 — Acctg. Asst. — 10-3-96

Previous Operator Signature — Printed Name — Title — Date

Submit 3 Copies to Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.
Operator: MERIDIAN OIL INC.
API No.: 30-025-09665
Address: P. O. BOX 51810, MIDLAND, TX 79710-1810
Reason(s) for Filing (Check proper box)
New Well =
Recompletion =
Change in Operator =
Change in Transporter of: Oil = Dry Gas = Casinghead Gas = Condensate =
Other (Please explain): To correct Gas Gatherer from El Paso Natural Gas Co. to Sid Richardson Carbon & Gasoline Company.
If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Woolworth	1	Jalmat Tans:11 Y-T 7-R	State, Federal or Fee	

Location
Unit Letter P : 660 Feet From The S Line and 330 Feet From The E Line
Section 26 Township 24-S Range 36-E NMPM. Lea County

EOTT Energy Operating LP

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: ~~Texas-NM Pipeline Co.~~ EOTT Energy Corp. Effective 1-1-93
Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas: X
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.	Rge.	Is gas actually connected?	When ?
	P	26	24	36	Yes	8-14-51

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 (pitot, 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 07 '92

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.