Submit 3 Conies to Approvnate District Office	State of New Mexico Energy, Minerais and Natural Resources Department	Form C-103 Revised 1-1-89 WELL API NO		
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u>	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	Salita Fe, New Mexico 87304-2088	5. Indicate Type of Lease FEE FEE		
1000 Rio Brazos Rd., Azzec, NM 87410		6. State Oil & Gas Lease No. NM 35049-G		
SUNDRY NOT ( DO NOT USE THIS FORM FOR PRO DIFFERENT RESEI (FORM C	7. Lease Name or Unit Agreement Name			
1. Type of Well: OL GAS WELL XX WELL	OTHER	— Watkins		
	n Oil Inc.	8. Well No. 2		
3. Address of Operator P.O. Box 51810, M	idland, TX 79710	9. Pool name or Wildcar Jalmat (0il) Tansill-Yates ≲∕∖		
4. Well Locauon Unit Lener <u>H</u> : <u>16</u>	50 Feet From The	) East Line Line		
Section 35	Z4S     36E       Township     Range       10. Elevation (Snow whether DF, RKB, RT, GR, etc.)	NMPM Lea County		
II. Check NOTICE OF IN	Appropriate Box to Indicate Nature of Notice, I TENTION TO: SUI	Report, or Other Data BSEQUENT REPORT OF:		
PULL OR ALTER CASING	CASING TEST AND C			
OTHER:	OTHER:	, in the second s		

work) SEE RULE 1103.

- Notify New Mexico OCD prior to starting work. MIRU PU. POOH with rods laying down. ND wellhead, NU BOP. POOH with tubing laying down. PU workstring and RIH with casing scraper to 2690', POOH. Set cement retainer on tubing at 2630'. Establish pump-in rate under retainer and squeeze with 40 sxs of cement. Sting out of retainer and spot
  10 sxs of cement on retainer. Pull up above plug and circulate hole with 9 ppg gelled brine.
- 2. Pull up to 1590' and set a cement plug across the top of the salt at 1470' to 1590' using 15 sxs of cement. Pull up to 340' and circulate cement to surface using 35 sxs of cement. POOH laying down workstring. RDMO PU. Cut off casing 3' below ground level and install P & A monument. Clear, rip, and reseed location.

NOTE: All cement to be class "C" with 2% CaCl2 added

	C- Unino	Production /	Assistant DATE <u>12-7-92</u>
TYPE OR PRINT NAME	Donna Williams		915-688-6800 Telephone no.
(This space for State Use)	GINAL SIGNED BY JERRY SEXTON		DEC 1 0 '92

ECEIVED

(XTD HOBBS OFFICE

2 1 1:

DEC 0 9 1992

Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

I.

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Resident 1-1-89 Supdistantions at Battern of Page

## **OIL CONSERVATION DIVISION**

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION

## TO TRANSPORT OIL AND NATURAL GAS

						Well API No.	
Meridian Oil Inc	•						
Address							
21 Desta Drive	Mid	lland.	Texas	s 797	05		
Resson(s) for Filing (Check proper box					Other (Please explain)	·····	
New Well		Change i	a Transport	ter of:	Effect	ive 2 <b>-</b> 1 -89	
Recompletion	Oil		Dry Gas				
Change in Operator	Casinghe	ad Gas	Condens	ate 🗌			
If change of operator give name	oyle Har	rtman	Ρ.	0. Box	1861 Midland,	Texas 79702	· · · · · · · · · · · · · · · · · · ·
IL DESCRIPTION OF WEL	L AND LE	ASE					
Lesse Name Watkins		Well No. 2		<b>me, includi</b> at(0il	<b>ng Formasion</b> ) Tansill Yates <b>-S</b>	Kind of Lease	Lesse No.
Location		I	!				· · · · · · · · · · · · · · · · · · ·
Unit LetterH	:1	650	_ Feet Fro	m The	N Line and 330	Feet From The	E Line
Section 35 Towns	hin 2/	-S	Range	36 <b>-</b> E	. NMPM.	Lea	County
III. DESIGNATION OF TRA	NORODA				/	<b>`</b>	
Name of Authorized Transporter of Oil		or Conde			RAL GAS (TEMPORA Address (Give address to which	RILY ABANDONED	is to be sent)
						approved copy of this form	
Name of Authorized Transporter of Oil			assie [		Address (Give address to which	approved copy of this form	
Name of Authorized Transporter of Oil Name of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. VI. OPERATOR CERTIFI I hereby certify that the rules and reg Division have been complied with a	inghead Gas Unit CATE OF pulations of the ad that the info	or Conde	or Dry G		Address (Give address to which Address (Give address to which Is gas actually connected?	approved copy of this form approved copy of this form   When ?   SERVATION DI	is to be sent)
Name of Authorized Transporter of Oil Name of Authorized Transporter of Cau If well produces oil or liquids, give location of tanks. VI. OPERATOR CERTIFI I hereby certify that the rules and rep	inghead Gas Unit CATE OF pulations of the ad that the info	or Conde	or Dry G		Address (Give address to which Address (Give address to which Is gas actually connected? OIL CONS Date Approved	approved copy of this form approved copy of this form When ? BERVATION DI MAR 8	is to be serie) VISION 1989
Name of Authorized Transporter of Oil Name of Authorized Transporter of Cas If well produces oil or liquids, give location of tanks. VI. OPERATOR CERTIFI I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of m	inghead Gas Unit CATE OF pulations of the ad that the info y knowledge a	F COM	or Dry G Twp. PLIANG rvation vez above Tech Title	Rgs.	Address (Give address to which Address (Give address to which Is gas actually connected? OIL CONS Date Approved	approved copy of this form approved copy of this form When ? SERVATION DI MAR 8	is to be serie) VISION 1989

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.