

Submit 3 Copies
Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

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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

Operator MERIDIAN OIL INC. Well API No. 30-025-27781

Address P.O. BOX 51810, MIDLAND, TX 79710-1810

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of: ☐ To correct Gas Gatherer from El Paso Natural
Recompletion ☐ Oil ☐ Dry Gas ☐ Gas Co. to Sid Richardson Carbon & Gasoline
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ Company.

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Myers Courtland Well No. 9 Pool Name, including Formation Salina Tays. II YTT-R Kind of Lease State Lease No. NA 7K/88

Location
Unit Letter P 760 Feet From The S Line and 960 Feet From The E Line
Section 6 Township 24.5 Range 37-E NMPM. lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ 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? yes When? 10-15-82

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								

ILLEGIBLE

NG AND CEMENTING RECORD

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 100 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 (pilot, 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.

Signature Connie L. Malik
Printed Name Connie L. Malik, Regulatory Compliance Rep. Title
Date 1/22/92 Telephone No. 915-688-6891

OIL CONSERVATION DIVISION

FEB 07 1992

Date Approved

By DAVID L. BROWN, DISTRICT MANAGER

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.