Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

P.O. BOX 1980, HODDS, NWI 66240

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

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

State of New Mexico .(gy, Minerals and Natural Resources Departme

OIL CONSERVATION DIVISION P.O. Box 2088

ON

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	10							PI No.			
Operator MERIDIAN OIL INC.						30-025-31372					
Address P.O. Box 51810, Midland,	TX 7971	0-1810									
Reason(s) for Filing (Check proper box)	<u> </u>				Oth	r (Please expl	ain)				
New Well	Cha	nge in Tra		of:							
Recompletion	Oil		y Gas								
Change in Operator	Casinghead Ga	s 🗌 Cor	ndensate								
f change of operator give name nd address of previous operator							<u></u>	<u></u>	·······	· · · · · · · · · · · · · · · · · · ·	
I. DESCRIPTION OF WELL Lease Name			ol Name,	Includit	ng Formation			of Lease		esse No.	
COURTLAND MYERS	10	JL C	ALMAT	-TAN	SIL-YATES	-7 RIVERS	FEDE	Federal or Fee RAL	• NM-7	488	
Location Unit Letter <u>K</u>	. 1720	Fe	et From T	The <u>50</u>		and 1980	Fe	et From The	WEST	Line	
Section 5 Township	p 24-S	Ra	nge 37	-E	, NI	ИРМ,		LEA		County	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil WELL DOES NOT PRODUCE		OF OIL		IATUI	RAL GAS Address (Giv	e address to wi	hich approved	copy of this fo	orm is to be s	ini)	
me of Authonized Transporter of Casinghead Gas or Dry Gas X SID RICHARDSON CARBON & GASOLINE CO.					Address (Give address to which appro 201 MAIN ST., Fil			ST CITY BANK TOWER,			
If well produces oil or liquids, give location of tanks.	Unit Sec.					When	When? Ft.Worth, Tx 761(9-26-91				
f this production is commingled with that in V. COMPLETION DATA	from any other les	ise or pool	l, give co	mningli	ing order num	ber:					
Designate Type of Completion		l Well	Gas V	¥e]1	j x	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 9-6-91	1 .	Date Compl. Ready to Prod. 9-12-91			Total Depth 3470'			P.B.T.D. 3340'			
Elevations (DF, RKB, RT, GR, etc.) 3293.7' GR	1	Name of Producing Formation YATES			Top Oil/Gas Pay 2852'			Tubing Depth 2-3/8" @ 3200'			
Perforations 2852'-3182'					<u>.</u>			Depth Casing Shoe 3470'			
				AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE	*	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8"				425'		300 SXS C				
7-7/8"	4-1/2"			3470'			900 SXS LITE & PREMIUM				
V. TEST DATA AND REQUES DIL WELL (Test must be after r	ST FOR ALL	OWAB	LE pad oil ar	nd must	be equal to or	exceed top all	owable for this	depih or be j	for full 24 hou	vs .)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift.						
	Tubing Pressure				Casing Pressure			Choke Size			
Length of Test	Tubing Pressure				Casing Press	re		Choke Size			
	Tubing Pressure Oil - Bbls.				Casing Press Water - Bbls	re		Choke Size Gas- MCF			
Actual Prod. During Test GAS WELL	Oil - Bbls.				Water - Bbls.			Gas- MCF			
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	Oil - Bbls.					sate/MMCF	······		Condensaie		
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D 263 AOF osting Method (pilol, back pr.)	Oil - Bbls.	1-РТ (Shut-in)			Water - Bbls.	sate/MMCF O ire (Shut-in)		Gas- MCF	Condensate		
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D 263 AOF osting Method (pilos, back pr.) PMPG GAS WELL	Oil - Bbls.	4–PT (Shu-in) 110#		3	Water - Bbls. Bbls. Conden Casing Press	sate/MMCF O ire (Shut-in) 40#		Gas- MCF Gravity of C Choke Size			
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D 263 AOF Testing Method (pilor, back pr.) PMPG GAS WELL VI. OPERATOR CERTIFIC I hereby certify that the rules and regul: Division have been complied with and	Oil - Bbls.	1-PT (Shul-in) 110# OMPLI Conservation on given al	ANCE	3	Water - Bbls. Bbls. Conden Casing Press	sate/MMCF 0 ire (Shut-in) 40# DIL CON	ISERVA	Gas-MCF Gravity of C Choke Size	DIVISIO		
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D 263 AOF esting Method (pilot, back pr.) PMPG GAS WELL VI. OPERATOR CERTIFIC I hereby certify that the rules and regul: Division have been complied with and is true and complete to the best of my b	Oil - Bbls.	1-PT (Shul-in) 110# OMPLI Conservation on given al	ANCE	3	Water - Bbls. Bbls. Conden Casing Press	sate/MMCF 0 ire (Shut-in) 40# DIL CON	ISERVA d	Gas-MCF Gravity of C Choke Size	DIVISIO		
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D 263 AOF esting Method (pilot, back pr.) PMPG GAS WELL VI. OPERATOR CERTIFIC I hereby certify that the rules and regul: Division have been complied with and is true and complete to the best of my b	Oil - Bbls. Length of Test Tubing Pressure ATE OF CC ations of the Oil C that the informatic knowledge and be	4-PT (Shut-in) 110# OMPLI Conservation on given al lief.	ANCE on bove	3	Water - Bbls. Bbls. Conden Casing Press	eate/MMCF 0 ine (Shut-in) 40# DIL CON Approve	d	Gaa- MCF Gravity of C Choke Size	DIVISIC)]	
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D 263 AOF Testing Method (pitot, back pr.) PMPG GAS WELL VI. OPERATOR CERTIFIC I hereby certify that the rules and regul: Division have been complied with and is true and complete to the best of my h Signature MARIA L. PEREZ	Oil - Bbls. Length of Test Tubing Pressure ATE OF CC ations of the Oil C that the informatic knowledge and be	4-PT (Shut-in) 110# OMPLI Conservation on given al lief. PROD. 4	ANCE bove	3	Water - Bbls. Bbls. Conden Casing Press (Date By	sate/MMCF 0 ire (Shut-in) 40# DIL CON Approve	d	Gas-MCF Gravity of C Choke Size)]	
Testing Method (pilot, back pr.) PMPG GAS WELL VI. OPERATOR CERTIFIC I hereby certify that the rules and regul: Division have been complied with and is true and complete to the best of my b	Oil - Bbls.	4-PT (Shut-in) 110# OMPLI Conservation on given al lief.	ANCE bove		Water - Bbls. Bbls. Conden Casing Press (Date By	sate/MMCF 0 ire (Shut-in) 40# DIL CON Approve	d	Gas-MCF Gravity of C Choke Size)]	

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.