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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		IO IHA	INSI	OHI OIL	AND NA	I UHAL GA					
Operator Meridian Oil Inc.							Well	API No.			
Address	mi			07400			_		·. 	<u> </u>	
P.O. Box 4289, Far Resco(s) for Filing (Check proper box)	mingto	on. N	M	87499	Othe	et (Please expla	ur)				
New Well		Change in			_	·					
Recompletion	Oil Casinghee	□2 t	Dry C	Sas 🗀							
If change of operator give name	Canages		COBO								
and address of previous operator	 	·									
IL DESCRIPTION OF WELL	AND LEA	Vell No.	I Book I	None Technol			127:- 4	47		ease No.	
Lesse Name Sunray E								d of Lease No. SF-07730			
Location			1		22020110	COUL			101-0		
Unit LetterI	:199	95	Feet l	From The $\frac{Sc}{2}$	outh Line	8 7	<u>0</u> Fe	et From The .	East	Line	
Section 9 Township	30	Nortl	h Rano	• 10 We	est MA	vipm, S	an Jua	ın		County	
	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>, 10 .//</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	an Jue	· · · · · · · · · · · · · · · · · · ·			
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)										<u>.</u>	
Meridian Oil Inc.	or Condensate							ington, NM 87499			
, <u>-</u>	ns of Authorized Transporter of Casinghead Gas or Dry Gas X				Address (Give	e address to wh	ich approved	copy of this form is to be sent)			
El Paso Natural Ga					P.O. Box 4990,						
If well produces oil or liquids, give location of tanks.	Unit	Sec. 9	Twp. 1		Is gas actually connected?		When	7			
If this production is commingled with that	from any oth	er lease or	pooi, g	ive comming	ing order numb	жег.					
IV. COMPLETION DATA		(1 = = :		.	
Designate Type of Completion	- (X)	Oil Well	1	Gas Well X	New Well	Workover	Deepen	Plug Back 	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	•			Total Depth		<u> </u>	P.B.T.D.		<u> </u>	
11-2-88	11-15-88				3158' Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) 6473' GL	Name of Producing Formation Basin Frt. Coal				2921'			Tubing Depth 3104'			
Perforations 2921'-30': 2958'-78': 3009'-20'							•		Depth Casing Shoe		
2/SPF. / / / / / / / / / / / / / / / / / / /								3158			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12 1/2"	9 5/8"				222'			177 cf 905 cf			
8 3/4"		7''			3158'			905 cf			
	No Liner			3104'							
V. TEST DATA AND REQUEST FOR ALLOWABLE											
OIL WELL (Test must be after re			of load	i oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gaplift,			EGEIVEN				
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressu				14 EL 15-1		
Actual Prod. During Test	Park During Test				Casing Pressure Water - Bbls.			JANNETO 1989			
ctual Prod. During Test Oil - Bbls.							1	LCON. DIV.			
GAS WELL					1				*	·	
Actual Prod. Test - MCF/D					Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tuking Des	eene /Chu	· :\		Casing Press.	(Short in)		Choke Size			
Back Pressure	Tubing Pressure (Shut-in) SI-290			SI - 280			CHOKE SIZE				
VI. OPERATOR CERTIFICATE OF COMPLIANCE											
I hereby certify that the rules and regulations of the Oil Conservation						DIL CON	ISERV	ATION	DIVISIO	ON	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							1Δ1	1779	389		
Sam Stallice					Date Approved JAN 17 1989						
	By_O	riginal Signec	i by CHAR	LES GHOLSO	M						
Peggy Bradfield	gy Bradfield Regulatory Affairs										
Printed Name			Title		Title	DEPUTY OIL	& GAS IN	SPECTOR, D	AST. #3		
January 9, 1989	(505)	<u> 326 - 9</u> Tek	7 <u>7 7</u>		11						
					11						

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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filled for each pool in multiply completed wells.