

## OIL CONSERVATION DIVISION

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

P.O. Box 2088

**Santa Fe, New Mexico 8750004-2088**

## DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

L.

Operator <b>Meridian Oil Inc.</b>		Well API No. <b>20392866</b>	
Address <b>P.O. Box 4289, Farmington, New Mexico 87499</b>			
Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>		Effective Date _____
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>	

If change of operator give name

and address of previous operator P & P Production Inc., P.O. Box 3178, Midland, Texas 79702-3178

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Florance	9A	Lindrith Gallup Dakota West	State, <u>Federal</u> or Fee	080565
Location				
Unit Letter	<u>P</u>	810	Feet form the	<u>South</u>
Section	<u>5</u>	Township	<u>25 North</u>	Range
Line and	<u>1800</u>	Feet From The	<u>West</u>	Line
			<u>NMPM.</u>	<u>Rio Arriba</u> County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil _____ or Condensate <input checked="" type="checkbox"/>				Address (Give address to which approved copy of this form to be sent) P.O. Box 4289, Farmington, NM 87499		
Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas <input checked="" type="checkbox"/>				Address (Give address to which approved copy of this form to be sent) P.O. Box 4990, Farmington, NM 87499		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
P		5	25N	3W		

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	RECEIVED	STOCKS CEMENT

## V. TEST DATA AND REQUEST FOR ALLOWABLE

<b>OIL WEL</b> (Test must be after recovery of total volume of load oil & must be equal to or exceed top allowable for this design or be on or after 24 hours after completion of test)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow. pump, gas lift, etc.)

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.

Signature

**Shannon McMorris**                      **Production Assistant**

Printed Name	Title
12/21/93	505-326-9526

Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

## OIL CONSERVATION DIVISION

Date Approved MAR 1 1994

By ORIGINAL SIGNED BY ERNIE BUSCH

Title **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

**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.