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

## OIL CONSERVATION DIVISION

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

DISTRICT II P.O. Drawer DD, Assesia, NM 88210 DISTRICT III 1000 Rio Brazos RA, Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u> </u>	•	TO TRA	NSP	ORT OIL	AND NA	TURAL G					
Operator MERIDIAN OIL INC.											
Address P. O. Box 4289, Farmir	ngton,	New Me	xic	o 8749	99						
Resson(s) for Filing (Check proper box)					Ods	et (Piesse expi		,			
Now Well		Create je	•			۶	Gec.	6-	23 7	0	
Recompletion L. Change in Operator	Oli Chalanter	40m 🗌	Dry C			4					
					<del></del>		-				
and address of previous operator UNTO	ı iexa:	s retre	oreu	m corpo	ration,	P. O.	Box 2120	, Housto	on, IX 7	7 <u>252-212</u> 0	
II. DESCRIPTION OF WELL	AND LE	ASE									
JICARILLA "H"		Wgti No.	Pool 1	SOUTH 1	SLANCO	,PC		( Lease Peteral or Por	C103	ass No.	
Location Unit Letter	: 110	Ú.	. Feet I	Proces The	S u	e and	<u>}()                                    </u>	et From The .	W	Line	
Section 19 Township	. 26	5N	Range	04W			IO ARRIB	A		County	
	~~ ~ <del>~</del> ~										
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil				ND NATU		u address to s	Aich command	arms of this f	or is to be se	-d)	
Meridian Oil Inc. or Condenses					Address (Give address to which approved copy of this form is to be sens) P. O. Box 4289, Farmington, NM 87499						
Name of Authorized Transporter of Caring Gas Company of New Mex					Address (Give address to which approved P. O. Box 1899, Bloomfi			copy of this form is to be sent) ield, NM 87413			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.		ly consected?	Whee				
If this production is commingled with that I	rom may of	her lease or	poal, p	pive comming!	ing order sum	aber:					
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'V	Diff Res'v	
Date Spudded	Date Com	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RXB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	Depth Casing Shoe		
TUBING, CASING AND O						CEMENTING RECORD			1		
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					<b> </b>			<del>-</del>			
	<del> </del>						····	<del> </del>			
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL.	E	1			J			
OIL WELL (Test must be after r				_	be equal to	or exceed top a	Howable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Rus To Tank Date of Test							pump, gas lift,				
Length of Test	Tubing P				Casing Pres			15.d. 34	E IN		
	1 world 1	CENTRE					DEC	EBA			
Actual Prod. During Test	Oil - Bhia.				Water - Bb	1	JUL.	3 1990	)		
GAS WELL					•			140	<i>)</i>  , ,		
Actual Frod. Test - MCF/D	Leagth of	Test			Bbls. Cond	came/MMCF	OIL C	Charles of	Condensate		
					<u> </u>			DIST. 3		-	
Testing Method (pitot, back pr.)	ing Method (pitor, back pr.) Tubing Prossure (Shut-in)					usure (Shut-in)		Choke Siz	•		
VI. OPERATOR CERTIFIC	ATE O	F COM	PLI/	ANCE	1	( ) )		( ii ( i ( ) N )	30/16/	ON!	
1 hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief.					Date ApprovedJUL 0 3 1990						
Killic =	Ua h	11)→1	14 1		Va	ra whhio/	_		$\sqrt{}$	,	
Signature Leslie Kahwajy	Prod. Serv. Supervisor				Ву	By SUPERVISOR DISTRICT 13					
Printed Name				9700	Tit	ie .	<b>5</b> UP	EHVISOR	UISTRIC	1 / 3	
6/15/90			326 depto		-    '''	·~ <u></u>					
				- 174					1		

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.