

OIL CONSERVATION DIVISION

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

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

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

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

I.

Operator MERIDIAN OIL, INC. Well API No. 30-039-20539

Address P.O. BOX 4289, FARMINGTON, NEW MEXICO 87499-4289

Reason(s) for Filing (Check proper box) Other (Please explain) EFFECTIVE 020193

New Well Change in Transporter of:
 Oil Dry Gas
 Change in Operator Casinghead Gas Condensate

If change of operator give name and address of previous operator UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL, 3300 N. BUTLER SUITE 200, FARMINGTON, NEW MEXICO 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name JOHNSTON A Well No. 14 Pool Name OTERO CHACRA Including Formation OTERO CHACRA Kind of Lease STATE E-291-35 Lease No. E-291-35

Location

Unit Letter M : 990' Feet From The SOUTH Line and 800' Feet From The WEST Line

Section 36 Township 27N 26 Range 6W NMPM RIO ARRIBA 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 EL PASO NATURAL GAS COMPANY or Dry Gas Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4990, Farmington, NM 87499

If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When?

give location of tanks.

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designated Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'

Date Spudded Date Comp. 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 RECORDS

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

RECEIVED
 JAN 29 1993

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 top 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, ect.)

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.

Leslie Kahwajy

Signature LESLIE KAHWAJY, PRODUCTION ANALYST

Printed Name JANUARY 22, 1993 Title (505) 326-9700

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 29 1993

By [Signature]

Title SUPERVISOR DISTRICT #3

- INSTRUCTIONS:** This form is to be filled 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.