

**DISTRICT II**  
 P.O. Drawer DD, Azusa, NM 88210

**OIL CONSERVATION DIVISION**

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

**DISTRICT III**  
 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. 30-039-21165
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Jicarilla 96	Well No. 6A	Pool Name, including Formation Gavilan Pictured Cliffs	Kind of Lease State (Federal) or Fee	Lease No. Jic.Cont 96
Location Unit Letter <u>E</u> : <u>1530</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>26</u> Range <u>3</u> , <u>NMPM</u> Rio Arriba County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc. <u>1310410</u>	PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline <u>1310730</u>	300 W. Arrington, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rgn.   Is gas actually connected?   When ?
	<u>E</u>   <u>2</u>   <u>26</u>   <u>3</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 925

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	<input checked="" type="checkbox"/>					X
Date Spudded 12-27-75	Date Compl. Ready to Prod. 11-23-93	Total Depth 6250'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 7071 GR	Name of Producing Formation Pic.Cliffs	Top Oil/Gas Pay 3679'	Tubing Depth 6016'					
Perforations 3679', 3683', 3688', 3703', 3713', 3718', 3721', 3731', 3736', 3749', 3757', 3762', 3775', 3788', 3794'							Depth Casing Shoe	
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
12 1/4"	8 5/8"	225'			225 SX			
7 7/8"	4 1/2"	6244'			1350 SX			
	2 3/8"	6016'						

**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, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

**GAS WELL**

Actual Prod. Test - MMCF/D 1845	Length of Test 3 hrs	Bbls. Condensate/MMCF	Viscosity of Condensate
Testing Method (post, back pr.) backpressure	Tubing Pressure (Shut-in) 128	Casing Pressure (Shut-in) 379	Choke Size 3/4"

**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.

Peggy Bradford  
 Signature  
 Peggy Bradford Regulatory Rep.  
 Printed Name  
 1-19-94  
 Date  
 Title  
 326-9700  
 Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved MAR - 2 1994  
 By Burt J. Shroy  
 Title SUPERVISOR DISTRICT #3

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 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 allowables 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.