

DISTRICT II
P.O. Drawer 00, Alamogordo, NM 88310

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
100 Rio Hondo Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
MERIDIAN OIL INC. Well API No.

Address
P. O. Box 4289, Farmington, New Mexico 87499

Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of: ☐ Other (Please explain)
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐
Refert 612390

If change of operator gives name and address of previous operator: **Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120**

II. DESCRIPTION OF WELL AND LEASE

Lease Name MICROFILIA W	Well No. 11E	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Free	Lease No. 0052
Location Unit Letter G Foot From The 100 Line and 1000 Foot From The 0 Line Section 35 Township 26N Range 05W NMPM RIO ARPIDA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc.	☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas Gas Company of New Mexico	☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, NM 87413				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Temp.	Rps.	Is gas actually connected?	When?

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 Resv	EXT Resv
Date Spudded	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 Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

RECEIVED
JUL 3 1990

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Gas
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OIL CON. D.
DIST. 3

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 *Leslie Kahwaj*
Printed Name **Leslie Kahwaj** Prod. Serv. Supervisor
Date **6/15/90** Telephone No. **(505) 326-9700**

OIL CONSERVATION DIVISION

Date Approved **JUL 03 1990**
By *[Signature]*
Title **SUPERVISOR DISTRICT 13**

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.