z 1980; Hobbs, Nº4/ 88240

State of New Wextco Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Astonia, NM \$8210

## OIL CONSERVATION DIVISION

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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NIM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TOTR	ANSP	ORT O	IL AND N	ATURA	L G	ZATION AS	•				
Openior  Meridian Oil I								We	I API No.				
Address	nc.							<u> </u>	30.	-039-25	5237		
PO Box 4289, Fa	armingto	on, NM	1 87	499									
Reseas(s) for Filing (Check proper b						ther (Piecs	e expl	oin)					
New Well X		Change i	а Тлавро	enter of:									
Recompletion	Oil		Dry Ga	_			_						
If change of operator give many	Casinghe	ad Gas	Conde			Jaly	<u> </u>	280	5615				
and address of previous operator													
IL DESCRIPTION OF WE	LL AND LE	ASE											
Lease Name	7462	Well No.	Pool Ne	me, inclu	ding Formatio	<b>a</b>	7/6	2 4 Kin	of Lease		Lease No.		
San Juan 28-6	Unit	453	Bas	sin F	ruitlar	nd Coa	al	State	(, Federa) or F	SF	-079051		
G	210	0.0		N	orth		15:	3.0		774			
Unit Letter	:	<del></del> -	_ Feet Pro	om The _		ine and	15.		Feet From The	East	Line		
Section 5 Tow	achip 2	27N Range			W, NMPM. Rio			Rio A	rriba		•		
		· <u>-</u>								<del></del>	County		
II. DESIGNATION OF TR	ANSPORTE	R OF O	IL ANI	D NATU	RAL GAS	<u>.                                    </u>							
Name of Authorized Transporter of O Meridian Oil In	<b>"</b> —	or Conde	lille ,	$\Box$	Address (G	ive address			d copy of this				
Name of Authorized Transporter of C	8050		<del></del>	PO Box 4289, Farmingto					n, NM 87499				
Williams 2	نيا شير ج	2805	Gas X 614	Address (Give address to which approved copy of this 300 W. Arrington, Farmingto					<i>form is to be</i> . on . NM	seni) 87401			
if well produces oil or liquids, ive location of tanks.	Unit	2805614 Unit   Sec.   Twp.   Ree				Is gas actually connected? When?					07401		
	$ \frac{G}{G}$	5	27	6		-		i					
this production is commingled with the COMPLETION DATA	hat from any oth	er lease or	pool, give	comming	ling order nur	nber:							
COM ESTION DATA		Oil Well		32/ 11	1 1 2 2 2	1	<del></del> -			- <sub>1</sub>			
Designate Type of Completi	on - (X)	I OII WEII	, -	as Well X	New Well	Workov	er j	Deepen	Plug Back	Same Res'v	Diff Res'v		
Onte Spudded		ol. Ready to		<del></del> -	Total Depth		1		P.B.T.D.	<u> </u>			
11-25-92		12-12-92				3441'							
rvations (DF, RKB, RT, GR, etc.) Name of Producing Formation 6691 GL Fruitland Coal				7	Top Oil/Gas	-			Tubing De				
			_		1	92'			336				
3192-94',3 68', 3273-93',3	3331-43 <b>'</b>	3346	-49 ·	,3253 3367	5-55 <b>',</b> 3	257-6	2',	3265-	Depth Casi	ng Shoe			
	T	UBING.	CASIN	G AND	CEMENT	NG REC	PORT	) dia lan	<u> </u>	<del></del>			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET							
12 1/4"		8 5/8"			229'					277 cf			
<u>7 7/8"</u>	4	4 1/2" 2 3/8"			3441' JANS				1753	1752 cfia			
	1				3366	<u> </u>	45-7.	2.1 Marie					
. TEST DATA AND REQU	EST FOR A	LLOWA	BLE		·			<del>(                                    </del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
IL WELL (Test must be afu			of load oil							for full 24 hou	ers.)		
ers lank last on kind 10 1895	Date of Tes	ł			Producing M	ethod (Flow	v, <i>pum</i>	p, gas lift, i	uc.)				
ength of Test	Tubing Pres	LELITE			Casing Press	une			Choke Size				
		raoug ricasure											
ctual Prod. During Test	Oil - Bbls.	i - Bbls.				Water - Bbis.				Gas- MCF			
GAS WELL													
ctual Prod. Test - MCF/D	Leagth of T	est			Bbls. Conde	mate/MMC	F		Gravity of C	Condensate			
sting Method (pilot, back pr.)	Tuban Par	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				T/S-d-				
backpressure					1				Choke Size	Choke Size			
L OPERATOR CERTIF		COMP	TANK	TC	880			-	<u> </u>	<del></del>			
I hereby certify that the rules and re-	rulations of the (	Dil Conserv	ation .	-E		DIL CO	ONS	SERV	MOITA	DIVISIO	N		
Division have been complied with a	ed that the inform	nation gree	above										
is true and complete to the best of II	ly Encuriodge and	d belief.			Date	Appro	ved	F	<u>EB 31</u>	1993			
Depar Sh	Mku	01				L.L							
Signature					By_		_	3.1	) el	•/			
Peggy Bradfield		Reg.A	ffair	cs_			-	SIIDED	ISOR DI	TOIOT	10		
1-20-93		326 <b>-</b> 9	70°0		Title					3 I MICT 1	r 3 		
Date			hone No										

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.