Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

Form C-164 Revised 1-1-89

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO TRA	NSPORT OIL	AND NATURAL GA				
Meridian Oil Inc.				Well AP! No.			
rest		07406					
PO Box 4289, Far		87499	Other (Please expla	zin)			
mon(s) for Filing (Check proper box		Transporter of:	outer (1. same subs				
	Oil 🗆	Dry Gas					
nage in Operator	Casinghead Gas	Condensate					
hange of operator give name address of previous operator							
	LANDIEACE						
DESCRIPTION OF WEL		Pool Name, Include	ng Formation	Kind,	of Lease	Lease No.	
Huerfano Unit	182	Basin F	ruitland Coal	State.	Federal or Fee	SF-078060	
ocation D	990		North O	0.0		7	
Unit Letter	:	: 990 Feet From The		North line and 890 Feet From The West L			
Section 28 Town	thip 26N	26N Range 9W		, NMPM, San		Juan County	
			D.1. G.6				
L DESIGNATION OF TRA	ANSPORTER OF O		RAL GAS Address (Give address to wi	hich approved	copy of this for	m is to be sent)	
Meridian Oil Inc			PO Box 4289				
leme of Authorized Transporter of Ca			Address (Give address to wi	Address (Give address to which approved copy of this form is		m is to be sent)	
El Paso Natural		1= 1 =	PO Box 4990,	Farmi		NM 87499	
well produces oil or liquids, we location of tanks.	Unit Sec. D 28	Twp. Rgs. 26N 9W	Is gas actually connected?	Work	, r		
this production is commingled with t	hat from any other lease or	pool, give comming	ing order number:				
V. COMPLETION DATA				,	\ 		
Designate Type of Completic	Oil Wei	i Gas Weil V	New Well Workover	Deepen	Plug Back S	iame Resiv Diff Resiv	
the Spudded	Date Compi. Ready t		Total Depth	1	P.B.T.D.	21001	
7-16-68	04-24-89		6775'		2190'		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay		Tubing Depth 2015		
6492 GL			1927'		Depth Casing	Shoe	
w/l spf	<u> </u>		1976-81', 201				
W/I Spi	TUBING	, CASING AND	CEMENTING RECOR				
HOLE SIZE		CASING & TUBING SIZE		<u></u>	SACKS CEMENT		
12 1/ 4" 7 7/8 "	8 5/8"	8 5/8" 4 1/2"		6775		625 sx	
, ,, 0	2 3/8"						
. TEST DATA AND REQU	JEST FOR ALLOW	ABLE	t be equal to or exceed top all	lowable for th	is depth or be fo	e full 24 hours.)	
OIL WELL (Test must be aft Date First New Oil Run To Tank	Date of Test	o o i i baz ou una mas	Producing Method (Flow, p	nemp, gas lift,	esc.)		
Length of Test	Tubing Pressure			رهاء گا ا	Gloke Size		
Actual Prod. During Test	Oil - Bhis.		Water - Bbis.	เมื่อส	Gas- MCF		
Actual Flor Desiry 1444	Oil - Buil.			FDC - 19 - 4			
GAS WELL	RUL II			_		_	
Actual Prod. Test - MCF/D	Longth of Test	N. DIV.	Bbis. Condensate NEACH	3	Gravity of Co	ondensus	
	Tubing Pressure (Sh				Choke Size		
(eties Method (pilot, back pr.) Dackpressure	Tubing Pressure (Sh		Casing Pressure (Shut-in) SI 251		CHOCK SIZE		
VI. OPERATOR CERTIF			OIL CO	NSERV	ATION [DIVISION	
Division have been complied with	and that the information g	aved above		Λ1	10 0 4 1	020	
is true and complete to the best of	my knowledge and belief.		Date Approv	ed <u>Ht</u>	10611	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Segon Stran	thuld		Original		TOOK TOOK		
Signature			Ву				
Peggy Bradfield	Reg.Aff	Title	1 TAL		27 月間		
Literature 1. April 1.	326-970	^	Title				

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.

Telephone No.

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.