

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.	Well API No. 30-045-20740
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input 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	

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MAR 16 1993
OIL CON. DIV.
DIST. 3

I. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 131	Pool Name, including Formation Angel Peak Gallup	Kind of Lease State, Federal or Fee	Lease No. SF-078001B
Location Unit Letter D : 800 Feet From The North Line and 990 Feet From The West Line Section 34 Township 26 Range 10 , NMPM San Juan County				

II. 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.	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)
El Paso Natural Gas Company	PO Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When?
D 34 26 10	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
Date Spudded 3-2-71	Date Compl. Ready to Prod. 10-20-92	Total Depth 6789'		P.B.T.D. 6748'				
Deviation (DF, RKB, RT, GR, etc.) 6704' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 5624'		Tubing Depth 6701'				
Perforations 5624-28', 5721-27', 5737-47', 5782-88', 5784-5808', 5843-48', 5863-83', 5914-18', 5932-36', 5939-43', 5946-49', 5972-87', 5991-95'		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		213'		160 sx			
7 7/8"	4 1/2"		6789'		670 sx			
	2 3/8"		6701'					

III. 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.)	
		flowing	
Length of Test 3 hrs	Tubing Pressure 54	Casing Pressure 601	Choke Size 3/4"
Actual Prod. During Test 768	Oil - Bbls. --	Water - Bbls. --	Gas- MCF --
GAS WELL 378			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

IV. 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 Peggy Bradfield Regulatory Rep
Printed Name **Peggy Bradfield** Title
Date **3-4-93** Telephone No. **326-9700**

OIL CONSERVATION DIVISION

Date Approved **MAR 18 1993**
By *Timothy Chang*
Title **SUPERVISOR DISTRICT #3**

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.