

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-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

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

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. 30-045-20800
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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 215	Pool Name, including Formation Angels Peak Gallup	Kind of Lease State, Federal or Fee	Lease No. NM-0433
Location Unit Letter C : 1090 North 1840 West Feet From The Line and Feet From The Line Section 9 Township 26N Range 10W, NMPM, San Juan 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.	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?
C 9 26N 10W	

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 Res'v	Diff Res'v
		X				X		X
Date Spudded 6-22-71	Date Compl. Ready to Prod. 10-15-91	Total Depth 6919'		P.B.T.D. 6591'				
Elevations (DF, RKB, RT, GR, etc.) 6640' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 5894		Tubing Depth 6127'				
Perforations 5894-97', 5906-23', 5932-36', 5947-52', 5978-81', 5984-88', 5994-6001', 6009-19', 6072-77', 6081-85' w/2 spf		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		208'		150 sx			
7 7/8"	4 1/2"		6919'		730 sx			
	2 3/8"		6127'					

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.)	
		NOV 5 1991	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			NOV 5 1991
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			OIL CON. DIV.

GAS WELL

Actual Prod. Test - MCF/D 437	Length of Test 3 hrs	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (puot, back pr.) backpressure	Tubing Pressure (Shut-in) 630	Casing Pressure (Shut-in) 680	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.

Signature  
Peggy Bradfield  
Printed Name  
11-4-91  
Date  
Reg. Affairs  
Title  
326-9700  
Telephone No.

OIL CONSERVATION DIVISION

NOV 25 1991

Date Approved

By

SUPERVISOR DISTRICT #2

Title

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 allowable 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.
- Separate Form C-104 must be filed for each pool in multiply completed wells.