Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I. | TO TRANSPORT O | IL AND NATURAL GAS | <u> </u> | |
|---|---|--------------------------------------|--|--|
| Operator Meridian Oil Inc | • | | Well API No. | |
| Address | | | 209/4 | |
| PO Box 4289, Farr | nington, NM 87499 | | | |
| Reason(s) for Filing (Check proper box) New Wall | Change in Transporter of: | Other (Please explain) | | |
| Recompletion | Oil Dry Gas | | | |
| Change in Operator | Casinghead Gas Condensus | | - | |
| If change of operator give name and address of previous operator | | ə ^{\$} | | |
| • | ANDIBAGO | | | |
| IL DESCRIPTION OF WELL | Well No. Pool Name, inclu | ding Formation (A / /) | Kind of Lease No. | |
| Huerfano Unit | | ting Formation 6 A/2 13 | State, Federal or Fee SF-080636 | |
| Location | 1650 | | , | |
| Unit Letter | =: 1650 Feet From The | South Line and 1090 | Feet From The East Line | |
| Section 29 Townshi | 26 Ranon 10 |) nome Sar | ı Juan County | |
| Jecator (Owner) | p 20 Range IC | , NMPM , Sar | County | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | |
| Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Meridian Oil Inc. PO Box 4289 Farmington NIM 97400 | | | | |
| Name of Authorized Transporter of Casing | | PO Box 4289, Fa | proved copy of this form is to be sent) | |
| El Paso Natural G | as Company /4 7 / 20 | PO Box 4990, Fa | armington, NM 87499 | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge | ls gas actually connected? | When? | |
| give location of tanks. | I 29 26 10 | | | |
| If this production is commingled with that from any other lease or pool, give commingling order samilier. IV. COMPLETION DATA | | | | |
| | Oil Well Gas Well | New Well Workover De | epen Plug Back Same Res'v Diff Res'v | |
| Designate Type of Completion | | | X X | |
| Date Spudded 7-8-71 | Date Compl. Ready to Prod. 11-4-91 | Total Depth | P.B.T.D. | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | 6634 Top Oil/Gas Pay | 6428 Tubing Depth | |
| 6571 ' GL | Gallup | 5470 ' | 50001 | |
| Perforations 5470-72', 5476-80', 5484-86', 5493-5501', 5510-14', 5590-98', 5609- Depth Casing Shoe | | | | |
| 5611',5614-16',5652-55',5663-67',5671-75',5680-82',5715-19',5725-27', 5730-33',5739-43',5757-67'TUBING, CASING AND CEMENTING RECORD | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | CACKO OFMENT | |
| 12 1/4" | 3 5/8" | 2071 | SACKS CEMENT 150 sx | |
| / 7/8" | 4 1/2" | 6634 | 994 cu.ft. | |
| | 2 3/8" | 5809 ' | | |
| V. TEST DATA AND REQUES | T FOR ALLOWABLE | | | |
| - | ecovery of total volume of load oil and mus | n be equal to or commed to allowable | för this dipth or his for full 24 hours.) | |
| Date First New Oil Run To Tank | Date of Test | Producing Method Fare, purp go | s lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| roofer or 100 | Tuotag Fressure | Castill Liesarie | GIOM SIZE | |
| Actual Prod. During Test | Oil - Bbis. | Water - Bbis Ol | Clas- MCF | |
| <u> </u> | | , Oil | | |
| GAS WELL | | | | |
| Actual Prod. Test - MCF/D 586 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| Testing Method (pilot, back pr.) | 3 hrs Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| backpressure | 706 | 750 | 3/4" | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation | | OIL CONSERVATION DIVISION | | |
| Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief. | | NOV 2 5 1991 | | |
| ∕ ∤ (| ~ | Date Approved | | |
| -(| held | Bu 7 | By Band Chang | |
| Peggy Bradfield | Reg.Affairs | SUPERVISOR DISTRICT 13 | | |
| Printed Name | Title | Title | ERVISOR DISTRICT #3 | |
| 11-20-91 Date | 326-9700 | 1100 | | |
| | Telephone 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.