

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Azusa, 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.
30-045-21216

Address
PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 234	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. NM-03017
Location Unit Letter <u>O</u> : <u>1180</u> Feet From The <u>South</u> Line and <u>1750</u> Feet From The <u>East</u> Line Section <u>7</u> Township <u>26</u> Range <u>9</u> , 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"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>7</u> Twp. <u>26</u> Rge. <u>9</u>	Is gas actually connected? <input type="checkbox"/> When ?

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 03-13-73	Date Compl. Ready to Prod. 10-22-90	Total Depth 6113'		P.B.T.D. 2225'				
Elevations (DF, RKB, RT, GR, etc.) 6547'	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2044'		Tubing Depth 2088'				
Perforations 2044-64', 2088-96', 2114-28', 2138-68', 2206-10'				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET					
12 1/4"	8 5/8"		232'					
7 7/8"	4 1/2"		6113'					
	2 3/8"		2088'					

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 24 hours.)
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) SI 559	Casing Pressure (Shut-in) SI 563	Choke Size

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 Reg. Affairs
11-19-90 Title
326-9700
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 29 1991
By [Signature]
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 type of completion operation.

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