

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. 30-045-26221

Address PO Box 4289, Farmington, NM 87401

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of: ☐ Other (Please explain) ☐
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name
and address of previous operator

RECEIVED
MAR 16 1993
OIL CON. DIV.
DIST. 3

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Moncrief Com</u>	Well No. <u>1E</u>	Pool Name, including Formation <u>Gallegos Gallup</u>	Kind of Lease <u>(State, Federal or Fee)</u>	Lease No. <u>E-9895-3</u>
Location Unit Letter <u>B</u> : <u>820</u> Feet From The <u>North</u> Line and <u>1840</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>26</u> Range <u>11</u> , <u>NMPM</u> 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"/> <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4289, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>16</u> Twp. <u>26</u> Rge. <u>11</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.

V. 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		
Date Spudded <u>5-4-85</u>	Date Compl. Ready to Prod. <u>11-13-92</u>	Total Depth <u>6280'</u>	P.B.T.D. <u>6100'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6277' GL</u>	Name of Producing Formation <u>Gallup</u>	Top Oil/Gas Pay <u>5280'</u>	Tubing Depth <u>5466'</u>					
Perforations <u>5280-88', 5295-5301', 5325', 5337', 5347', 5359', 5367', 5406-30'</u>			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>230'</u>	<u>176 ef</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>6280'</u>	<u>2186 ef</u>
	<u>2 3/8"</u>	<u>5466'</u>	

VI. 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 <u>--</u>	Date of Test <u>2-24-93</u>	Producing Method (Flow, pump, gas lift, etc.) <u>flowing</u>	
Length of Test <u>3 hrs</u>	Tubing Pressure <u>645</u>	Casing Pressure <u>952</u>	Choke Size <u>3/4"</u>
Actual Prod. During Test <u>1139 mcf</u>	Oil - Bbls. <u>--</u>	Water - Bbls. <u>--</u>	Gas - MCF <u>1778</u>

GAS WELL

Actual Prod. Test - MCF/D <u>320</u>	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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 Regulatory Rep
Printed Name Peggy Bradfield Title Regulatory Rep
Date 3-4-93 Telephone No. 326-9700

OIL CONSERVATION DIVISION

Date Approved MAR 16 1993
By Brian D. Chang
Title SUPERVISOR DISTRICT 13

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.