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

Energy, Minerals and Natural Resources Department

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		<u>OTRA</u>	<u>ANSPO</u>	DRT OIL	<u> </u>	TURAL G						
Operator Meridian Oil Inc.						Well API No. 30-039-						
Address PO Box 4289, Fa	arminator	. NM	87	——— 499		<del></del>	. <b>.</b>		· · ·			
Resson(s) for Filing (Check proper b					Oth	et (Please exp	laia)					
New Well		Change in	Transpor	ter of:		er (1.16ma emb	idut)					
Recompletion	Oil		Dry Ga	. 🖂		,	use Santa Santa N					
Change in Operator  If change of operator give same	Casinghead	GB	Conden				· · · · · · ·	<u> </u>				
and address of previous operator												
II. DESCRIPTION OF WE	LI. AND LEA	SE										
Lease Name						ding Formation			L	Lease No.		
San Juan 28-6	i				ruitland Coal			of Lease Federal or Fee	_	SF-079050C		
Location	UIII C	137	1 124.	<u> </u>	<u> ur cran</u>	u coar			_1SF-0	79030C		
Unit Letter G	:18	90	Foot Pro	m The _	North Lin	15	7·5 <b>F</b>	set From The _	East	Line		
Section 28 Tow	maship 28		Range	6	, NI	MPM, Rio	Arriba	<u>a</u>		County		
III. DESIGNATION OF TR	ANSPORTE	OF O	IL ANI	NATU	RAL GAS							
Name of Authorized Transporter of C	Xii	or Conden		$\overline{\mathbf{x}}$		e address to w	hich approved	copy of this for	m is to be se	ni)		
Meridian Oil In		PO Box 4289, Farmington, NM 87499										
Name of Authorized Transporter of C				<b>*</b> 🔀	Address (Giv	e address to w	hich approved	copy of this for	rm is to be se	nt)		
Williams Field									ton, N	M 8740		
If well produces oil or liquids, give location of tanks.	: :	Sec.	Twp.	Rge.	is gas actually	y connected?	When	?				
	- $+$ $G$ $+$	28	28_	16								
If this production is commingled with IV. COMPLETION DATA	that from any othe			comming								
Designate Type of Complete	ion - (V)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Resiv		
Date Spudded		Banda an		Х	X Total Depth			<u> </u>				
1	1	Date Compi. Ready to Prod.			1			P.B.T.D.				
11-20-92 Elevations (DF, RKB, RT, GR, etc.)		-08-			324 Top Oil/Gas	0' 2av		Tubin Down				
		Name of Producing Formation				•			Tubing Depth			
6406 GL Fruitland Coal				<u>a T</u>	2991'			3171 Depth Casing Shoe				
2001 021 2020	221 2060	32'.3060-64'.3071-74'				41 215	1 00!	Dopen Caring				
2991-93 . 3030-								<u> </u>				
HOLE SIZE		CASING & TUBING SIZE			CEMENTING RECORD DEPTH SET			SACKS CEMENT				
12 1/4"	8				231'			277 cf				
	7 7/8" 4 1/2" 2 3/8"				3240'			1579 cf				
					3171'							
V. TEST DATA AND REQU	UEST FOR A	LLOWA	ABLE									
	ter recovery of total	al volume	of load or	il and must	be equal to or	exceed top all	owable for thi	s depth or be fo	r full 24 how	·s.)		
Date First New Oil Run To Tank		Producing Me	thod (Flow, pr	emp, gas lift, d	uc.)	į	A P IN					
								1	क्षि संदर्भ वि			
Length of Test	Tubing Pres	sure			Casing Pressu	re.		Choke Size		ેવની કુમ્માન		
								Gas- MCF	AR 513	<u> </u>		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.	Maret - Boir		1 7 7 7 7	A CONTRACTOR OF THE PARTY OF TH			
									Car.			
GAS WELL									0137.	ž		
Actual Prod. Test - MCF/D	Length of T	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				re (Shut-in)		Choke Size				
backpressure		978			980							
VL OPERATOR CERTIF	FICATE OF	COMP	LIAN	CE	-	NI 001	ICEDY	ATION	\\\\!\\\	<b></b>		
I hereby certify that the rules and a	regulations of the C	di Conser	vation			JIL CON	NOEHV	ATION [	NVISIC	)N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					ll .	MA	R 1 8 199	1 8 1993				
	-	7			Date	<b>Approve</b>	d		<del></del>			
Jeggy Shadfuld					1							
Simont Silvania					By Buil Chang							
Peggy Bradfiel	<u>d</u>	Reg.A	Affai	rs			SUPERVIS	SOR DIST	RICT #9	1		
Printed Name 3-5-93		326-9			Title				F3	·		
3-5-93 Dea		220-9	, , , ,		1110							
1 336		Tala			1.1							

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.