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 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
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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

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. 30-045-06114

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 <u>Huerfano Unit</u>	Well No. <u>22</u>	Pool Name, including Formation <u>Basin Fruitland Coal</u>	Kind of Lease State (Federal) or Fee	Lease No. <u>NM-02516</u>
Location Unit Letter <u>M</u> <u>1070</u> Feet From The <u>South</u> Line and <u>1000</u> Feet From The <u>West</u> Line Section <u>33</u> Township <u>27N</u> Range <u>10W</u> , <u>NMPM</u> , <u>San Juan</u> 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"/> <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>M</u> Sec. <u>33</u> Twp. <u>27</u> Rge. <u>10</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
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded <u>06-05-54</u>	Date Compl. Ready to Prod. <u>08-19-90</u>	Total Depth <u>2164'</u>	P.B.T.D. <u>2112'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6475'</u>	Name of Producing Formation <u>Fruitland Coal</u>	Top Oil/Gas Pay <u>1936'</u>	Tubing Depth <u>2002'</u>					
Performances <u>1936-38', 1944-56', 1958-60', 1986-88', 1991-94', 2092-94' and 2100-10' w/2 spf</u>							Depth Casing Shoe	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>8 5/8"</u>	<u>176'</u>	<u>100 sx</u>
	<u>5 1/2"</u>	<u>2114'</u>	<u>75 sx</u>
	<u>2 3/8"</u>	<u>2002'</u>	

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.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pucc, back pr.) <u>backpressure</u>	Tubing Pressure (Shut-in) <u>SI 181</u>	Casing Pressure (Shut-in) <u>SI 182</u>	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.

Roggy Bradfield
 Signature
 Printed Name
9-10-90
 Date
Reg. Affairs
 Title
326-9700
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 01 1990
 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 pool in multiply completed wells.