

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.	Well API No. 30-045-22475
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 282	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-078422
Location Unit Letter H : 2510 Feet From The North Line and 1180 Feet From The East Line Section 31 Township 27N Range 10W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc. <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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 El Paso Natural Gas Company <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 H	Sec. 31	Twp. 27	Rge. 10	Is gas actually connected?	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 5-9-78	Date Compl. Ready to Prod. 8-8-92		Total Depth 6404'		P.B.T.D. 1750'			
Elevations (DF, RKB, RT, GR, etc.) 6056' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1466'		Tubing Depth 1639'			
Perforations 1466-72', 1476-84', 1516-22', 1530-34', 1552-62', 1630-42'					Depth Casing Shoe			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	234'	165 cu.ft.
7 7/8"	4 1/2"	6404'	353 cu.ft.
	2 3/8"	1639'	

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 on the 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 995	Length of Test 3 hrs	Bbls. Condensate/MMCF --	Gravity of Condensate
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) 172	Casing Pressure (Shut-in) 172	Choke Size 3/4"

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
Printed Name
1-8-93
Date
Reg. Affairs
326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 25 1993
By
SUPERVISOR DISTRICT #3
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.