DISTRICT I P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

DISTRICT # P.O. Drawer DD, Artonia, NM \$1210

OIL CONSERVATION DIVISION

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

DISTRICT III 1000 Rio Brazos Rd., Anec, NM 8741		S	anta F	e, New	Mexico 8	7504-2088				1	
<u>r.</u>	REC	UEST F	FOR A	ALLOW/	ABLE AN	D AUTHOR	RIZATION	i			
Operator MERIDIAN OIL INC	MERIDIAN OIL INC.						Well API No.				
Address	<del></del>				<del></del>						
P. O. Box 4289, Farm Resson(s) for Filing (Check proper box.	nington,	New I	exic	0 87	499					···	
New Well	,	Change i	n Transc	contar of:		Other (Please ex	plain)				
Recompletion	OII		Dry (	Na []		$\alpha$	$\sim$		- 10	-\	
Mahanan of annual					oration	الح	HEC	1. 6	931	-10	
IL DESCRIPTION OF WELL			oreu	m corp	oration	, P. O.	Box 212	O, Housto	on, TX	77252-212	
Lease Name	ALID LE	Well No.	Pool P	tame, Inch	ing Formatio		Kind	of Lease		Lease No.	
ANGEL PEAK 22 FÜLCH								SF047017A			
Unit Letter N	<u> </u>	25	Post P	rom The	S .		IGO -	_	1.1		
Section 7 Towns		28N		-	10W	ine and		cot From The _	<u>w</u>	Line	
			Range			NMPM,	SAN JU	AN		County	
III. DESIGNATION OF TRAI		R OF O	IL AN	D NATL	RAL GAS	<u> </u>					
Meridian Oil Inc.	□ <b>3</b> 2	OI COBBES	PRO	$\boxtimes$	Address (Give address to which approved copy of this form is to be see P. O. Box 4289, Farmington, NM 87499				erd)		
Name of Authorized Transporter of Casis Sunterna Gas Gatheri	ghead Gas	head Gas Or Dry Gas X			Address (G	ive address to u	hich approved	copy of this for	nov of this form is to be sent)		
If well produces oil or liquids.	Unix			1 2-	P.U. Box 26400, Alburg			uerque, NM 87125			
give location of tanks.	نـــــــــــــــــــــــــــــــــــــ		i '		1		j When	17			
If this production is commingled with that IV. COMPLETION DATA	from any other	er loase or	pool, giv	* comming	ling order nur	nber:					
Designate Type of Completion	-00	Oil Well	Ţ	Jas Well	New Well	Workover	Deepen	Plug Back	ame Res'v	Diff Res'v	
Date Spudded	Data Compi	Ready to	Prod.		Total Depth	1	<u> </u>	P.B.T.D.	· · · · · ·	<u></u>	
								F.B.1.D.			
erforations					Top Oil/Ges Pay			Tubing Depth			
anorations .					<u></u>			Depth Casing	Shoe	<del></del> -	
	π	JBING.	CASIN	G AND	CEMENT	NG PECOP	<del>-</del>	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE				CEMENTING RECORD DEPTH SET			SACKS CEMENT			
						<del></del>					
. TEST DATA AND REQUES	T FOR AL	LOWA	RIF								
IL WELL (Test must be after re the First New Oil Run To Tank	covery of loca	l volume of	load oi	and must	be equal to or	exceed top allo	wable for this	depth or be for	full 24 hours	r.)	
	Date of Test				Producing M	ethod (Flow, pu	mp, gas lift, es	c.)	<del>-</del>		
ength of Test	Tubing Press	ure			Casing Press	TLE	D)   F   1	Cingo 124		<u> </u>	
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.	l	Ä -	Gas. MCF			
				j	Marti - Dom		JUL	COMPANIE &			
AS WELL THAT Prod. Test - MCF/D						(	OH P	Nai ma		J	
TOTAL PROCESS	Length of Te	*			Bbls. Conden	este/MMCF	100	Charles and the	Topata		
ting Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
OPERATOR CERTIFICA	TEORG				· · · · · · · · · · · · · · · · · · ·			<del></del>			
L OPERATOR CERTIFICATION CERTIFICATION OF THE PROPERTY OF THE	ions of the Oa	C		TE		DIL CON	SERVA	TION DI	VISIO	M	
LAVISION DAYS been comprised with and that the information gives above in true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION JUL 0 3 1990						
0.1.	1/1	ener.	•		Date	Approved	·	JULUS	1990		
Signature 7	)apr	va	14		Α.		3.	o d	/		
Leslie Kahwajy	Prod. Serv Supervisor				SUPERVISOR DISTRICT 13						
Printed Name 6/15/90				II	Title		JUPEH	IVISOR DIS	STRICT	13	
Date		Telepho						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.
- 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.