

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
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OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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NOV 29 1988

OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator El Paso Natural Gas Company *Meridian Oil*

Address PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Juan 29-7 Unit</u>	Well No. <u>142</u>	Pool Name, including Formation <u>Blanco Pic. Cliffs</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF-078425</u>
Location <u>J</u> <u>1680</u> <u>South</u> <u>1500</u> <u>East</u>				
Unit Letter _____ Feet From The _____ Line and _____ Feet From The _____				
Line of Section <u>25</u> Township <u>29N</u> Range <u>7W</u> NMPM, <u>Rio Arriba</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>J</u> Sec. <u>25</u> Twp. <u>29N</u> Rge. <u>7W</u>
Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

*[Signature]*  
(Signature)  
Regulatory Affairs  
(Title)  
November 22, 1988  
(Date)

OIL CONSERVATION DIVISION  
DEC 01 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-11-88	Date Compl. Ready to Prod. 10-31-88	Total Depth 3669'				P.B.T.D. 3661			
Elevations (DF, RKB, RT, GR, etc.) 6725' GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3579'				Tubing Depth 3634'			
Perforations 3579, 3581, 3583, 3585, 3587, 3589, 3591, 3593, 3595, 3601, 3603, 3605, 3607, 3609, 3611, 3613 w/1 spf						Depth Casing Shoe 3669'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		223'		165 cu.ft.			
7 7/8"		4 1/2"		3669'		591 cu.ft.			
		2 3/8"		3634'					

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	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 1708	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) 1064	Casing Pressure (Shut-in) 1064	Choke Size 3/4"