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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.	Well API No. 30-039-24809
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 San Juan 29-7 Unit	Well No. 538	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter B : 830 Feet From The North Line and 1680 Feet From The East Line Section 26 Township 29N Range 7W, NMPL, Rio Arriba 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"/> Meridian Oil Inc.	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 26
	Twp. 29	Rge. 7
	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					
Date Spudded 8-21-90	Date Compl. Ready to Prod. 10-21-91		Total Depth 3146'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6302' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2974'		Tubing Depth 3094'			
Perforations 2974-80', 2996-3018', 3028-47', 3051-54', 3079-82', 3088-91', 3097-3112' w/2 spf					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		223'		248 cu. ft.			
7 7/8"	5 1/2"		3146'		1222 cu. ft.			
	2 3/8"		3094'					
			490' squeeze w/201 cu. ft. cmt					

V. TEST DATA AND REQUEST FOR ALLOWABLE

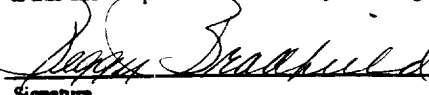
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or size for full 4 hours)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Bbls.

GAS WELL

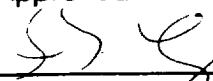
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) SI 794	Casing Pressure (Shut-in) SI 796	Choke Size

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.


Signature
Peggy Bradfield Reg. Affairs
Printed Name
11-8-91 326-9700
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 12 1991
By 
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.