

OIL CONSERVATION DIVISION

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

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

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. 30-039-24812
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. 561	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter <u>K</u> : <u>1645</u> Feet From The <u>South</u> Line and <u>1825</u> Feet From The <u>West</u> Line				
Section <u>23</u> Township <u>29</u> Range <u>7</u> , NMPM, 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. <u>2865-459</u>	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"/> El Paso Natural Gas Company <u>2865-460</u>	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 <u>K</u>	Sec. <u>23</u>
	Twsp. <u>29</u>	Rge. <u>7</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"/>					
Date Spudded <u>11-12-92</u>	Date Compl. Ready to Prod. <u>1-1-93</u>		Total Depth <u>3124</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>6562' 6262' 6L</u>	Name of Producing Formation <u>Fruitland Coal</u>		Top Oil/Gas Pay <u>2839'</u>		Tubing Depth <u>3077'</u>			
Perforations <u>2839-41', 2855-57', 2880-82', 2910-18', 2955-67', 3006-41', 3053-69'</u>					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>239'</u>	<u>277 cf</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>3124'</u>	<u>1269 cf</u>
	<u>2 3/8"</u>	<u>3077'</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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MMCF

GAS WELL

Actual Prod. Test - MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>backpressure</u>	Tubing Pressure (Shut-in) <u>906</u>	Casing Pressure (Shut-in) <u>995</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.

Peggy Bradfield  
Signature  
Peggy Bradfield Reg. Affairs  
Printed Name  
1-22-93  
Date  
326-9700  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 25 1993

By Brian D. Shum  
Title SUPERVISOR DISTRICT 13

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.

Submit 5 Copies  
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 2-21-94  
Instruction on back  
Submit to Appropriate District Office  
5 Copies

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

1. Operator Name and Address Burlington Resources Oil & Gas Company PO Box 4289 Farmington, New Mexico 87499		OGRID Number 14538 Change well name from San Juan 29-7 Unit #561
30-039-24812	5. Pool Name Basin Fruitland Coal	71629
7. Property Code 19670	8. Property Name San Juan 29-7 Unit NP	9. Well Number 561

**II. 10. Surface Location**

UI or lot no K	Section 23	Township 29N	Range 7W	Lot Idn	Feet from the 1645	North/South South	Feet from the 1825	East/West l West	County Rio Arriba
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**III. 11. Bottom Hole Location**

UI or lot no	Section	Township	Range	Lot Idn	Feet from the	North/South	Feet from the	East/West l	County
12. lse Code	13. Producing Method Code Flowing	14. Gas Connection Date	15. C-129 Permit Number	16. C-129 Effective Date	17. C-129 Expiration date				

**III. Oil and Gas Transporters**

18. Transporter OGRID 9018	19. Transporter Name and Address Giant Refining	20. POD	21. O/G O	22. POD ULSTR Location and Description
7057	El Paso Field Services		G	

RECEIVED  
OCT 15 1996

**IV. Produced Water**

23. POD	24. POD ULSTR Location and Description
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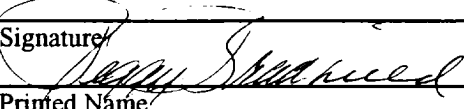
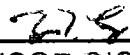
OIL CON. DIV.  
DIST. 3

**V. Well Completion Data**

25. Spud Date	26. Ready Date	27. TD	28. PBTD	29. Perforations
30. Hole Size	31. Casing & Tubing Size	32. Depth Set	33. Sacks Cement	

**VI. Well Test Data**

34. Date New Oil	36. Test Date	37. Test Leng	38. Tbg. Pressure	39. Csg. Pressure
40. Choke Size	41. Oil	42. Water	43. Gas	44. AOF
				45. Test Method Flowing

46. 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.		<b>OIL CONSERVATION DIVISION</b>	
Signature 		Approved by: 	
Printed Name Peggy Bradfield		Title: SUPERVISOR DISTRICT #3	
Regulatory Administrator		Approval Date: OCT 15 1996	
10/12/96 Telephone No. (505) 326-9700			
47. If this is a change of operator fill in the OGRID number and name of the previous operator			
Previous Operator Signature	Printed Name	Title	Date