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

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P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

OIL CONSERVATION DIVISION

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MAR 13 1991

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

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DISTRICT I
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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. 30-039-24842
Address PO Box 4289, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) New Well ☒ Other (Please explain) ☐ Recompletion ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐		
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. 550	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease (State, Federal or Fee)	Lease No. Fee
Location Unit Letter <u>G</u> <u>95'</u> Feet From The <u>North</u> Line and <u>1505</u> Feet From The <u>East</u> Line Section <u>11</u> Township <u>29</u> Range <u>7</u> , <u>NMPM</u> , <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 11	Twp. 29	Rgn. 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 8-24-90	Date Compl. Ready to Prod. 2-9-91	Total Depth 3192'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 6323' GL	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2889'		Tubing Depth 3159'				
Performances 2889-3019', 3104-3189' (predrilled liner)				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"	229'		189 cu.ft.				
8 3/4"	7"	2932'		993 cu.ft.				
6 1/4"	5 1/2"	3192'		did not cmt				
	2 7/8"	3159'						

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 Rtn To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	CHOKE SIZE
Testing Method (prior, back pr.) backpressure	Tubing Pressure (Shut-in) SI 1359	Casing Pressure (Shut-in) SI 1365	

OIL CON. DIV.
DIST. 3

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

OIL CONSERVATION DIVISION

Date Approved MAR 13 1991

By [Signature]