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 1-1-89 See Instructions at Bottom of Page

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l.									
Operator Meridian Oil Inc.					Well API No. 30-039-248	200	······································		
Address					130-039-240	200	·····		
P.O. Box 4289, Fa	rmington, Ne	w Mexico	87499		704 0				
New Well	,				Other (Please explain)				
		Change in Ti	ransporter of						
Recompletion	Oil		Dry Gas	X					
Change in Operator	Casinghead C	ias	Condensate						
If change of operator give name					***************************************				
and address of previous operator			************		***************************************	***************************************			
II. DESCRIPTION OF WE									
Lease Name San Juan 29-7 Unit	1 1	Well No. Pool Name, Include 546 Basin Fruitlan		-		1 7	Lease No.		
Location	1 340 E	asın Fruitia	ina Coai	***************************************	State, Fede	rai or Fee	SF-078919	***************************************	
Unit Letter L	1480 F	eet form the	South	Line and	1200	Feet From The	West	Line	
Section 4	Township	29N	Range	7W	,NMPM,		Rio Arriba	County	
III. DESIGNATION OF T	RANSPORT	ER OF O	IL AND N	ATURA	L GAS				
Name of Authorized Transporter of Oil Meridian Oil Inc.	X			Address (Give address to which approved copy of this form to be sent)					
Name of Authorized Transporter of Casinghe	Casinghead Gas or Dry Gas X			P.O. Box 4289, Farmington, NM 87499					
Williams Field Service					Address (Give address to which approved copy of this form to be sent) P.O. Box 58900, Salt Lake City, UT,84158-0900				
If well produces oil or	Unit	Sec.	1 Twp.	Rge.	Is gas actually	······································	When ?	***************************************	
liquids, give location of tanks.	L	4	29N	7W					
If this production is commingled with that fro		pool, give com	mingling order i	number:	***************************************		·····		
IV. COMPLETION DATA	27n 38	6218						***************************************	
	i Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)  Date Spudded Date Compl.	Ready to Prod.		Total Depth	i 	! !	P.B.T.D.	l 		
	•		Total Copul			1.B.1.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation		***************************************	Top Oil/Gas Pay		Tubing Depth				
Perforations				Depth Casing Shoe					
	TUBING	G, CASING	AND CEM	ENTING	RECORD	Depar Casing Sile		***************************************	
HOLE SIZE CASING & TUB		IG & TUBING	G SIZE		DEPTH SET		SACKS CEMENT		
V TEST DATA AND DEO	HECT FOR	ATTOXY	A DI E	<u> </u>	************************				
V. TEST DATA AND REQ									
OIL WEL (Test must be after recovery of Date First New Oil Run To Tank	Date of Test	ad oil & must b	Producing Met	ceed top allow hod (Flow, pur	nn, gas lift, etc.)	pth or be for full 2	(hours.)		
			trong steamed (trow, pump, 5mb me			י גען		وَا مَعَا لَكَ	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			<u> </u>	
Actual Prod. During Test	Prod. During Test Oil - Bbls.		Water - Bbls.			Gas - MCF	JULI	593	
CACAMPT	<u> </u>	••••		***************************************		O		DIV.1	
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensa	te/MMCF	***************************************	Gravity of Conder	rote 15 ST	<u>/}</u>	
		Bots. Condensate Wivier		•	Gravity of Collder	Parc	,		
Testing Method (pitot, back pr.)	Tubing Pressure (S	Shut-in)	Casing Pressure	(Shut-in)	***************************************	Choke Size	***************************************		
VI. OPERATOR CERTIFIC	CATE OF C	OMDITA	NCE	·	***************************************				
I hereby certify that the rules and regulat					T CONG				
been complied with and that the information given above is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION					
A. C. A.				Date Approved JUL 1 4 1993					
Signature Signature	·····			7	~	\	1		
Signature Sill Brightman				By Bir Charl					
Bill Brightman Production Assistant Printed Name Title			ssistant	Title	SUPERVISOR DISTRICT 13				
7/13/93 505-326-9752				Title		***************************************			
Date									
		elephone No					· · · · · · · · · · · · · · · · · · ·		

NSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompained 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.