Subsuit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, Niv

M, NM 88240

Energy, Minerals and Natural Resources Department **OIL CONSERVATION DIVISION** 

State of New Mexico

Form C-104 Revised 1-1-89

DISTRICT II
P.O. Drawer DD, Astonia, NIM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Moridian Oil Inc	Well API No. 30-039-24959										
Meridian Oil Ind							3		4333		
PO Box 4289, Far		n, NM	87	499							
kenson(s) for Filing (Check proper box,	)				Out	et (Please exp	dain)				
lew Well K	Oii	Change is	Dry Ge								
Change in Operator	Casinghe	nd Gas 🗌	Conde	_						•	
change of operator give name id address of previous operator									_		
		A CTC		•				-		<del> </del>	
L DESCRIPTION OF WELL  .eeo Name			Pool N	eme, Includ	ing Formation			Kind of Lease		Lease No.	
San Juan 29-7 Ur	nit	517			Fruitland Coal			State, Federal de Fee		SF-078425	
occation H	1345		No		orth 860		.0				
Unit Letter	:		Feet From The		Line and			Feet From The		Line	
Section 25 Towns	<b>hip</b> 29	•	Range	7	. N	MPML Ri	o Arri	ba		County	
			_								
I. DESIGNATION OF TRA ame of Authorized Transporter of Oil	NSPORTE	or Conde		D NATU		a address to v	محصوم المتاب	d name of this fo	= is to be a	ent)	
Meridian Oil Inc		u cooleans			PO Box 4289, Farmin						
ams of Authorized Transporter of Can	inghead Gas	ghead Gas		Gas 🔯	Address (Give address to which as		rhich approved	oproved copy of this form is to be sent)			
El Paso Natural		1		· -	PO Box 4990, Fa				NM 8	7499	
well produces oil or liquids, we location of tanks.	Uzuit   H	<b>Sec.</b>   25	7wp. 29	Rge.	is gas actuali	y connected?	When	1?			
this production is commingled with the	at from any ou	ner lease or	pool, giv	e comming	ing order num	ber:		<del></del>	=		
. COMPLETION DATA											
Designate Type of Completion	n - (X)	Oil Well		Gas Well X	New Well XX	Workover	Deepen	Plug Back	Same Res v	Diff Resiv	
ste Spudded		pi. Ready to	Prod.		Total Depth			P.B.T.D.			
10-27-90	6-30-92				3598'						
evations (DF, RKB, RT, GR, etc.) 6729 '	Name of Producing Formation Fruitland Coal				Top Oil/Gas Pay 3436 '			Tubing Depth 3560			
erforations 3436-47', 3451-61', 3465-88', 3								Depth Casing Shoe			
3512-24'.			05-0	, ,	492-330	, ,			,		
			CASI	NG AND	CEMENTI	NG RECO	RD				
HOLE SIZE	CASING & TUBING S			SIZE	DEPTH SET			SACKS CEMENT			
12 1/4" 7 7/8"		8 5/8" 5 1/2"				3598'			500 cf 1281 cf		
1 1/0	5 1/2" 2 3/8"				3560 <b>'</b>			1281 61			
					<u> </u>						
TEST DATA AND REQUI				9 . 4	L		lavahla fan sh	in dameh an ba bi	on 6.11 24 hou	er i	
IL WELL (Test must be after ste First New Oil Run To Tank	Date of Te		of loga o	ou and must	Producing Me				5 Juli 24 AUA	- 1 To 1	
										- E	
ength of Test	Tubing Pressure				Caning Pressure			Chicke Size	n 03 (1) (5.5)	303 303	
causi Prod. During Test	Oil - Rhis	Oil - Bbls.				Water - Bbis			OIL CON. DIV.		
GAS WELL								-	DIST.	3,	
ini Prod. Test - MCF/D Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate			
ag Method (putot, back pr.) Tubing Pressure (Shut-in)					Caring Pressure (Shut-in)			Choke Size	<del></del>		
	backpressure 1183					113!					
L OPERATOR CERTIFI			PLIAN	ICE:							
I hereby certify that the rules and reg	rulations of the	Oil Conser	vation			DIL COI	NSERV	ATION [	DIVISIO	NC	
Division have been complied with and that the information given above is true and complete to the heat of my knowledge and belief.					Deta Approved FEB 3 1993						
	, — <b></b>				Date	Approve	ed	נט טו			
	hula				<b>D</b>		7.	s d	/		
Peggy Bradfield Reg.Affairs					SUPERVISOR DISTRICT #3						
Printed Name 1-22-93		326-9			Title		SUPER	VISOR DIS	STRICT	#3	
Date				<u> </u>		<del></del>	***				
<del></del>		Tek	ipbone N	IO.	11						

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   Separate Form C-104 must be filed for each pool in multiply completed wells.