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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

1.								
Operator Meridian Oil Inc.				Well API No. 30-039-25008				
Address PO Box 4289 Fe	armington, New Mexico	97400		130 037 23.		***************************************	······································	
Reason(s) for Filing (Check proper box)	inington, New Mexico	0 6 / 4 9 9	<del></del>	Other Place	a and sint		·····	
New Well	Change in T	<u> </u>	Other (Please explain)					
Recompletion	Change in T	T: X						
Change in Operator		Dry Gas						
Change in Operator	Casinghead Gas	Condensat	e					
If change of operator give name				***************************************				
and address of previous operator	***************************************				*****			
II. DESCRIPTION OF W		*******************************					***************************************	
Lease Name San Juan 29-7 Unit	Well No. Pool Name, Incl. 540 Basin Fruitla	-				Lease No.	******************************	
Location	540 Basin Fruitla	and Coal	***************************************	State, Fede	ral or Fee	NM-03600		
Unit Letter A	955 Feet form the	North	Line and	1020	Feet From The	East	Line	
Section 10	Township 29N	Range	- 7W	,NMPM,	_ recriron the	Rio Arriba		
III. DESIGNATION OF T	RANSPORTER OF O	IL AND N	IATURA	L GAS		140	County	
Name of Authorized Transporter of Oil	or Condensate	X	***********		ich approved copy	of this form to be	sent)	
Meridian Oil Inc.	<u> </u>	Λ	P.O. Box 4289, Farmington, NM 87499				·	
Name of Authorized Transporter of Casingh Williams Field Service	nead Gas or Dry Gas	X			ich approved copy		sent)	
If well produces oil or	2011/20			<del></del>	Lake City, UT	·	***************************************	
liquids, give location of tanks.	Unit Sec.	Twp. 29N	Rge.	Is gas actually	connected?	When ?		
If this production is commingled with that fr	***************************************			<u> </u>		<u> </u>	***************************************	
IV. COMPLETION DATA	2811 (23	minighing order	namber.				***************************************	
	Oil Well Gas Well	New Well	i Workover	: Deepen	Plug Back	Same Res'v ;	Diff Res'v	
Designate Type of Completion - (X)		1		i Beepen	l lug back	i same kesv i	Dill Resv	
Date Spudded Date Compl.	Ready to Prod.	Total Depth	· <u>*</u>	- <del></del>	P.B.T.D.	i		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas	Day	Tubin - Danie	***************************************		
, and the state of			Tubing D		Tubing Depth			
Perforations		***************************************	······		Depth Casing Sho		***************************************	
	TUBING, CASING	G AND CEN	IENTING	RECORD		*******************************		
HOLE SIZE CASING & TUBIN		SIZE		DEPTH SET		SACKS CEMENT		
							***************************************	
V TEST DATA AND DEC	HECT FOR ALLOW	A TO T TO		***************************************				
V. TEST DATA AND REC								
OIL WEL (Test must be after recovery Date First New Oil Run To Tank	Date of Test	Producing Met	ceed top allov hod (Flow, nu	wable for this de mp. gas lift. etc.	pth or be 🥰 all .	2h44.)	WEID	
			(, p.	p, gas int, etc.,	<u> </u>			
Length of Test	Tubing Pressure		Casing Pressure Choke Size		JUL1 4 1993			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	iter - Bbls.		Gas-MCF OIL CON. DIV			
GAS WELL				***************************************	U	<b></b>	_	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensa	ta/MMCF	***************************************	10	9151.	3	
	Sough of rest	Bois. Condensate/MMCF			Gravity of Conder	nsate		
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		······································	Choke Size	***************************************		
VI. OPERATOR CERTIFI	CATE OF COMDITA	NCE	Υ	***************************************	<u> </u>	<del></del>	***************************************	
I hereby certify that the rules and regula				T				
been complied with and that the information given above is true and complete to the			OIL CONSERVATION DIVISION					
best of my knowledge and belief.			JUL 1 4 1993					
Bull Krie			Date Appı	rovea	*****************	<del></del>	••••••	
Signature		***************************************	Ву	7	المنا	2/2m/		
Bill Brightman Production Assistant								
Printed Name Title			SUPERVISOR DISTRICT #3					
7/13/93 505-326-9752						***************************************	***************************************	
Date	Telephone No	**********						

- INSTRUCTIONS: 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.