Submit 5 Copies Appropriate District Office DISTRICT I

DISTRICT II

P.C. 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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

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

P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.							
Operator Moridian Oil Inc	Meridian Oil Inc.			Well API No. 30-039-25009			
Mendian Oil Inc.		120-039-23009					
1	mington, New Mexico	87499					
Reason(s) for Filing (Check proper box)			Ī	Other (Please exp	laın)	······	
New Well	Change in Transporter of:						
Recompletion Oil Dry Gas X							
Change in Operator	Casinghead Gas	Condensate					
If change of operator give name							
and address of previous operator  II. DESCRIPTION OF WELL AND LEASE							
Lease Name	Well No.   Pool Name, Incl.	uding Formation		Kind of Lease		Lease No.	
San Juan 29-7 Unit	563 Basin Fruitla	_		State, Federal	or Fee	SF-078424	
Location				700			-
Unit Letter L Section 24	2510 Feet form the Township 29N	South	Line and 7W	790 Fee	et From The	West Line Rio Arriba County	
		Range	***************************************		*******************************	140 ATTUA County	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form to be sent)							
Meridian Oil Inc.	281112	X	P.O. Box 4289, Farmington, NM 87499				
Name of Authorized Transporter of Casinghea		X	Address (Give address to which approved copy of this form to be sent)				
Williams Field Service	281119	<u> </u>	<del></del>	58900, Salt Lak		·	•••••
If well produces oil or	Unit Sec.	Twp.	Rge.	Is gas actually com	nected?	When ?	
liquids, give location of tanks.  If this production is commingled with that from				<u> </u>		<u></u>	
IV. COMPLETION DATA	28 1120			*****			
	Oil Well Gas Well	1 New Well	Workover	Deepen I	Plug Back	Same Res'v : Diff	Res'v
Designate Type of Completion - (X)	l l	Total Depth	! !	i l	B.T.D.	i L	
Date Spudded Date Compl. R	ceauy to rrod.	гова Бери		P.1	J. I . IJ.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tubing Dept		bing Depth	***************************************	
Perforations	TUBING, CASING	G AND CEM	ENTING	<del></del>	pth Casing Sho	)e	
HOLE SIZE CASING & TUBING S			DEPTH SET			SACKS C	EMENT
V. TEST DATA AND REQUEST FOR ALLOWABLE							
OIL WEL (Test must be after recovery of total volume of load oil & must be equal Date First New Oil Run To Tank Date of Test Produ				wable for this depth imp, gas lift, etc.)	or all	Thomas A W	-ff
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Length of Test Tubing Pressure		Casing Pressure Choke Size		Choke Size	JUL1 41993		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		<u>i</u> [Ga	C - 100		
					OIL (	CON. DIV.	
GAS WELL	II anoth of Test	Rhle Conden	ate/MMCF	10-	avity of Conde	DIST. 3	
Actual Prod. Test - MCF/D Length of Test		Bbls. Condensate/MMCF		Oravity of Condens		usatt	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressur	Casing Pressure (Shut-in)		Choke Size		
	4		<del> </del>		······		
VI. OPERATOR CERTIFIC				H 603:0==	N#74 PPT 47 T	A DEFECTAL	
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			OIL CONSERVATION DIVISION				
best of my knowledge and belief.			Date Approved JUL 1 4 1993				
Kill But			A .				
Signature			By Bul Chen				
Bill Brightman Production Assistant			SUPERVISOR DISTRICT 42				
Printed Name Title			Title			I DIOTATOT F3	· 
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.