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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Meridian Oil Inc.

Address
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Day	Well No. 201	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, (Federal or Fee)	Lease No. SF-078414A
Location				
Unit Letter K	1450	Feet From The South	Line and 1450	Feet From The West
Line of Section 17	Township 29N	Range 8W	NMPM, San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Meridian Oil inc.	PO Box 4289, Farmington, NM 87499			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company	PO Box 4990, Farmington, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 17	Twp. 29N	Rqs. 8W
	Is gas actually connected?		When	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


Reginald B. Brantley
Regulatory Affairs
March 1, 1989
(Signature)
(Title)
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 06 1989, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT 3
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviatoric tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion -- (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 08-30-88	Date Compl. Ready to Prod. 09-08-88		Total Depth 3070'		P.B.T.D. 3028'				
Elevations (DF, RKB, RT, GR, etc.) 6425' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay open hole		Tubing Depth 3002'				
Perforations open hole completion						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	233'	177 cu. ft.
8 3/4"	7"	2856'	999 cu. ft.
	2 3/8"	3002'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pirat, back pr.) backpressure	Tubing Pressure (Shut-in) SI-0-	Casing Pressure (Shut-in) SI 658	Choke Size