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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	<u></u>	OTRA	NSP(	ORT OIL	AND NAT	'URAL GA	AS	VPI No.			
perator							well /	ET No.			
Meridian Oil Inc.							!				
P. O. Box 4289, Farmin	gton, !	<u>NM 87</u>	499		Orbo	z (Please expi	ais)	·			
eason(s) for Filing (Check proper box)		Change in	Transm	onter of:	Cons	I (LISING Expa	<b></b>				
ew Well	Oil `	~~	Dry G								
hange in Operator	Casinghead	Gas 🗌	Conde	name 🛴	<u>Effecti</u>	ve 1/1/9	91			TV 750	
change of operator give name daddress of previous operator	nern Un	ion E>	(plo	ration C	o., 120	1 Elm St	reet, S	te. 1900	, Dallas	, IX /52	
of society or bigarons olympia											
DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, including the property of					ng Formation			of Lease Federal or Fee	===	Lease No. B-10870-6	
Mims State Com		1A	BI	anco Mes	averde						
Location	. 925		T4 F	rom The	lorth	85	5 <sub>F</sub>	eet From The _	WEst	Line	
Unit Letter	: <u> </u>		. reat r							G	
Section 16 Township	29	<u> </u>	Range	. 9W	, ří	MPM, S	an Juan			County	
II. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	ND NATUE	RAL GAS						
Name of Authorized Transporter of Oil		or Conder	STE	[X]	Additions (City			copy of this fo		u)	
Meridian Oil Inc.					P. O. E	ox 4289	, Farmii	ngton, NA d copy of this fo	rm is to be se	w)	
Name of Authorized Transporter of Casing Sunterra Gas Gatherin	a Company		or Dry Gas 💢		P. O. Box 26400, A			lbuquerque, NM 87125			
If well produces oil or liquids,		Sec.	Twp.	Rge.	Is gas actual	y connected?	Whe	When ?			
ive location of tanks.	<u>i                                     </u>		<u> </u>						_,		
this production is commingled with that it. V. COMPLETION DATA	rom any oth	er lease of	pool, g	ive commings	ing order num						
V. COMPLETION DATA		Oil Wel	i	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>			Total Depth	<del></del>		P.B.T.D.		<u>.l</u>	
Date Spudded	Date Compi. Ready to Prod.										
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
								Depth Casing Shoe			
Perforations							_	·			
		TUBING	, CAS	ING AND	CEMENT	ING RECO	RD			ENT	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	<del></del> -										
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLOW	ABL	E d oil and mut	s he equal to t	or exceed top (	silowable for	his depth or be	for full 24 hou	ers.)	
OIL WELL Test must be after to Date First New Oil Run To Tank	Date of To		2 0) 100	a ou and mas	Producing N	Method (Flow,	pump, gas lif	i, etc.)			
Date Life Leen Ou want 10 1								. Choke Size			
Length of Test	Tubing Pr	STIESS			Casing Pre	D) E					
Actual Prod. During Test	Oil - Bbis	<u> </u>			Water - Bt	A		Gar MCF			
Action Flore During 1000						DE(	C <mark>2 6</mark> 199				
GAS WELL						<u> </u>	<del>^</del>	A I A Committee of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Cond	Bbla. Condental MCC ( ) Gravity of Condentate					
	Tubing Pressure (Shut-in)				Casing Pre	saure (Shut-in)	ا ۱۵۱۰	Choke Siz	e		
Testing Method (pitot, back pr.)											
VL OPERATOR CERTIFIC	CATE O	F COM	IPLL	ANCE			NSER	VATION	DIVISI	ON	
I have consider that the rules and regi	stations of th	e Oil Con	ervatio	6		OIL O	J. 10 L. 1	DEC 2			
Division have been complied with an is true and openpiete to the best of my	honoalege Trime me m	and belief.	, ven 4	~~~	∥ Da	te Appro	ved		<del></del>		
	7 /_ N	Wa	11	1		<b>10 1 1</b> PP 10		ر المناج	2	•	
years 4	Just		1	<del> </del>	Ву						
Signature Leslie <u>Kahwajy</u>	Reg	ulato		fairs			SUP	ERVISOR	DISTRICT	13	
Printed Name			Tit	le	ll Tit	ia					
12/21/90	EUE	5-326-	9700		'"	16					

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.
- 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.