Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DIME OF LIEM WENCO Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

San Juan 30-6 Unit 412 Basin Fruitland Coal State, Federal or Fee SF-07 Location Unit Letter A: 1240 Feet From The North Line and 1190 Feet From The East	Line
Address P.O. Box 4239 Farmington, New Mexico 87499-4289 Resease) for Filing (Check proper box) Change in Transporter of: Recompletion Oil Dry Ges C. Change in Operator Catingheed Ges Condenses If change of operator give name and address of previous operator IL DESCRIPTION OF WELL AND LEASE Lease Name San Juan 30-6 Unit 412 Basin Fruitland Coal State, Federal or Fee SF-07 Location Unit Letter A : 1240 Feet From The North Line and 1190 Feet From The East Section 24 Township 30N Range 7W NMPM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condenses Merridian Oil Inc. Name of Authorized Transporter of Cainghead Ges Or Dry Ges Address (Give address to which approved copy of this form is to be sent) Merridian Oil Inc. Name of Authorized Transporter of Cainghead Ges Or Dry Ges Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289 Farmington, New Mexico 8 It well produces oil or liquids, Unit Sec. Twp. Rgs. Is gas actually connected? When 7 When 7 When 7 It has products on funds.	Line County
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this production is commingled with that from any other lease or pool, give commingling order number:	7499-42
f this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA	
v. COMPLETION DATA	
Designate Type of Completies (V) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v D	Xiff Res'v
Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
Depth Casing Shoe	
TURNG CASING AND CEMENTING RECORD	
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT	T
	
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed too allowable for this depth or be for full 24 hours.)	
OLE WELL (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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)	
ength of Test Tubing Pressure Casing Pressure	
Actual Prod. During Test Oil - Bbls. Water - Bbls.	
OCT 2 6 1990	
GAS WELL OIL CON DIV	
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate DIST. 3	
osting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
IL OPERATOR CERTIFICATE OF COMPLIANCE Uperably certify that the rules and regulations of the Oil Consequence OIL CONSERVATION DIVISION	1
Division have been complied with and that the information given above	1
is true and complete to the best of my knowledge and belief. Date Approved OCT 2 6 1990	
Feslie Kahwani 1	
Signature By By Chang	
Leslie Kahwajy Regluatory Affairs Pristed Name 10-21-1000 FOR 200 0751	
10-24-1990 505-326-9751 Telephone No.	#3

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.