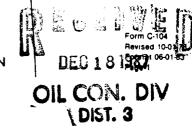
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTI	ON	1	Т
SANTA PE			
FILE			\vdash
U.S.G.4.			
LAND OFFICE			
TRAMSPORTER	OIL		
77770704167	GAS		
OPERATOR			
PROBATION OFFICE			

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



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OF AND MAT

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
El Paso Natural Gas Company				
PO Box 4289, Farmington, NM 87499				
	Other (Please explain) Try Gas Tondensate			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE Lease Name San Juan 30-6 Unit 404 Undes.Fruit	Cadse 140.			
	ne andEast			
Line of Section 23 Township 30N Range	7W NMPM, Rio Arriba County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cil or Condensate Meridian Oil Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company If well produces oil or liquids, Junit Sec. Twp. Rage. que location of tanks. B 23 130N 7W	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499 Is gas actually connected? When			
If this production is commingled with that from any other lease or pool, NOTE: Complete Parts IV and V on reverse side if necessary.	give commingling order number:			
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.	OIL CONSERVATION DIVISION APPROVED			
Drilling Clerk (Signature)	TITLE SUPERVISOR DISTRICT # 3 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 deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
December 17, 1987 (Pate)	able 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.			

V. CO.11 221101	Oil Well Gas We	II New Well Workover Deepe	n Plug Back Same Res'v. Diff. Res'	
Designate Type of Completi	on – (X)	X		
Date Spudded	Date Compi. Ready to Prod.	Total Depth	Total Depth P.B.T.D.	
11-04-87	12-17-87	3732'		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
6141'GL	Fruitland	3210'	3702'	
Perforations			Depth Casing Shoe	
3210-3707'(MD) 29	83-3031' (TVD) pre	drilled liner(1ss/ir	nch) 3732'	
	TUBING, CASING,	AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4"	9 5/8"	2251	138 cu ft	
8 3/4"	7"	3167'	3167' 930 cu.ft.	
6 1/4"	5 1/2" & 5"	3732'	did not cmt.	
	1	8'' i 3702'		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must able for th	be after recovery of total volume of loads depth or be for full 24 hours)	d oil and must be equal to or exceed top allo	
Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, a	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbie.	Water - Bbls.	Gas • MCF	
CAC WELL			-,l,	
AS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is) 1000*	Casing Pressure (Shut-in) 1350*	Choke Size	

^{*}Averages from offset well data

IV. COMPLETION DATA