

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>El Paso Natural Gas Company</u> <i>Meridian</i>		RECEIVED SEP 3 0 1988 OIL CON. DIV DIST. 3
Address <u>PO Box 4289, Farmington, NM 87499</u>		
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 <u>San Juan 30-6 Unit</u>	Well No. <u>430</u>	Pool Name, including Formation <u>Undes. Fruitland Coal</u>	Kind of Lease State, (Federal) or Fee	Lease No. <u>SF-079002</u>
Location Unit Letter <u>G</u> <u>2235'</u> Feet From The <u>North</u> Line and <u>1605</u> Feet From The <u>East</u> Line of Section <u>08</u> Township <u>30N</u> Range <u>06W</u> NMDM, <u>Rio Arriba</u> 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"/> <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4289, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Northwest Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>3530 E. 30th, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>G</u> <u>8</u> <u>30N</u> <u>6W</u>
Is gas actually connected? <input type="checkbox"/> 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.

Debra Rodriguez
(Signature)
Regulatory Affairs
September 27, 1988
(Date)

OIL CONSERVATION DIVISION
OCT 03 1988
APPROVED _____, 19____
BY *Bill D. Smith*
TITLE SUPERVISION 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 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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 06-18-88	Date Compl. Ready to Prod. 07-14-88	Total Depth 3086'				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6273' GL	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 3005'				Tubing Depth 3076'			
Perforations 3005-3084' (predrilled liner)						Depth Casing Shoe 3086'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		224'		185 cu. ft.			
8 3/4"		7"		2940'		993 cu. ft.			
6 1/4"		5 1/2"		3086'		di. hot cement			
		2 7/8"		3076'					

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 (pilot, back pr.) backpressure	Tubing Pressure (Shut-In) 119	Casing Pressure (Shut-In) 900	Choke Size