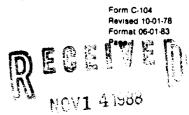
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTE	0 M		
BANTA PE			Г
FILE			
U.1.G.3.			
LANG OFFICE			
TRANSPORTER	OIL		
	GAS	•	
OPERATOR			
PRORATION OFF	ICE		

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



REQUEST FOR ALLOWABLE

OPERATOR	A	ND		mark order	
PRORATION OFFICE AUTHORIZAT	TION TO TRANS		AND NATU	RAL GAS	
		· · · · · · · · · · · · · · · · · · ·			·
Company Fil Booking Company					
El Paso Natural Gas Company					
PO Box 4289, Farmington, NM	87499				
·	07433	 ,	0.1 (0)		·
Reason(s) for filing (Check proper box) Name Well Change in Tran			Other (Pleas	e explain)	
A	_	ry Gas	i		
	7	ondensate			
Change in Ownership Casinghea		Ondensate			
f change of ownership give name nd address of previous owner					
I. DESCRIPTION OF WELL AND LEASE				·	
Lease Name Well No. Pool	Name, including F			Kind of Lease	Lease No.
SanjJuan 30-6 Unit 450	Undes.Fru	itland	Coal	State,(Federal) or Fee	NM-03403
Location Unit Letter $K = 1530$ Feet From The	South _i.	ne and1	830	Feet From The Wes	st
Line of Section 7 Township 30N	Range	6W	, NMPM	, Rio Arri	iba County
	A NITA NI A TTID A I	LCAS			
III. DESIGNATION OF TRANSPORTER OF OIL , Name of Authorized Transporter of Oil or Conden	Sate X	Address (Give address	to which approved copy of	this form is to be sent)
Meridian Oil Inc.		1		, Farmington,	
	or Dry Gas X	Address (Give address	to which approved copy of	(this form is to be sent)
Meridian Oil Inc.	_	PO B	Sox 4289	, Farmington,	. NM 87499
Unit Sec.	Twp. Rge.	 	tually connect		
If well produces oil or liquids, give location of lanks.	30N 6W			<u> </u>	
f this production is commingled with that from any oth	er lesse or pool.	give comm	ungling orde	r number:	
		•			······································
NOTE: Complete Parts IV and V on reverse side i	f necessary.				
VI. CERTIFICATE OF COMPLIANCE		.	OIL C	ONSERVATION DIV	VISION
					NOV 14.1988
hereby certify that the rules and regulations of the Oil Conserv	ation Division have	APPRO	DVED		1000 - 491000
peen complied with and that the information given is true and con my knowledge and belief.	npiete to the best of	BV	•	Original Sign of by E	RANK T CHARCE
ly knowledge and better.					
		TITLE			
		775	is form is to	be filed in compliance	• with RULE 1104.
May Mallecell		18		· · · · · · · · · · · · · · · · · · ·	newly drilled or deepened
Regulatory Affairs		well, th	is form mus	be accompanied by a	tabulation of the deviation
		11		well in accordance wit	
October 12, 1988				completed wells.	d out completely for allow-
		Fil	l out only	Sections I, II. III. and	VI for changes of owner,
(Date)		!!			r such change of condition.
•	-		ed wells.	i C-104 must be illed	for each pool in multiply

		OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'	
Designate Type of Complet			<u> </u>	X				1	1	
Date Spudded	Date Compi.	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.		
06-23-88	0	07-12-88			3299'					
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation			Top OII/Gas Pay			Tubing Depth			
6365 GL	Fruitland Coal		3097 '			3296				
Perforations							Depth Castr	ng Shoe		
3097-3298' (predrilled liner)					3299'			9 †		
		TUBING, C	ASING, AN	CEMENTI	NG RECORE					
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
12 1/4"	9	9 5/8"			230'		131	cu.ft.		
8 3/4"	7''	7''		3	3090'			967 cu.ft.		
6 1/4''	5	1/2"		3	299'			not cmt		
	7	7/8"		3296'			- ura noc cinc			
TEST DATA AND PROLIECT		* * * * * * * * * * * * * * * * * * * *								
OIL WELL		ABLE (T	est must be a le for this de	fter recovery (of total volum			qual to or exc	eed top allo	
OIL WELL Date First New Oil Run To Tanks	FOR ALLOW	ABLE (T	est must be a le for this de	fter recovery (of total volum full 24 hours) sethod (Flow,			qual to or exc	eed top allo	
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	FOR ALLOW	ABLE (T	est must be o le for this de	fter recovery opth or be for p	of total volum full 24 hours) method (Flow,		ift, etc.)	qual to or exc	eed top allo	
OIL WELL Date First New Oil Run To Tanks Length of Test	Date of Test Tubing Pressu	ABLE (T	est must be a le for this de	fter recovery of the for producing he casing Press Water - Bbis.	of total volum full 24 hours) method (Flow,		Choke Size		eed top allo	

IV. COMPLETION DATA