

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator El Paso Natural Gas Company Meridian

Address PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain) _____

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>434</u>	Pool Name, including Formation <u>Undes. Fruitland Coal</u>	Kind of Lease State, (Federal) or Fee	Lease No. <u>SF-080713</u>
Location				
Unit Letter <u>M</u>	<u>900</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u>			
Line of Section <u>12</u>	Township <u>30N</u>	Range <u>6W</u>	NMPM, <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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Meridian Oil Inc.</u>	<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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Northwest Pipeline</u>	<u>3530 E. 30th, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? when
	<u>M 12 30N 6W</u>


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.


(Signature)
regulatory Affairs
(Title)
September 28, 1988
(Date)

OIL CONSERVATION DIVISION
OCT 03 1988
APPROVED _____, 19____
BY 
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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 07-16-88	Date Compl. Ready to Prod. 08-03-88		Total Depth 2981'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 6200' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2843'		Tubing Depth 2969'				
Perforations 2843-63', 2905-80' (predrilled liner)						Depth Casing Shoe 2981'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		219'		175 cu. ft.			
8 3/4"		7"		2859'		1005 cu. ft.			
6 1/4"		5 1/2"		2981'		did not cmt			
		2 7/8"		2969'					

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) 395	Casing Pressure (Shut-In) 1532	Choke Size

1. The first step in the process of identifying a problem is to define the problem clearly. This involves identifying the symptoms and the underlying causes of the problem. Once the problem has been defined, the next step is to gather information about the problem. This can be done through research, interviews, and observation. The information gathered should be used to identify the scope of the problem and the resources available to solve it. The third step is to develop a plan of action. This involves identifying the goals of the solution and the steps that need to be taken to achieve those goals. The plan should be realistic and achievable, and it should take into account the resources available. The fourth step is to implement the plan. This involves putting the plan into action and monitoring progress. The fifth step is to evaluate the results. This involves comparing the results of the solution to the goals and identifying any areas for improvement. The final step is to document the process. This involves writing a report that describes the problem, the solution, and the results. This report can be used to share the results with others and to provide a record of the process.