

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

RECEIVED
DEC 22 1988

I. Operator El Paso Natural Gas Company Meridian

Address P.O. Box 4289 Farmington, NM 87499

Reason(s) for filing (Check proper box):
☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain) DIST. 3

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>459</u>	Pool Name, including Formation <u>Basin Fruitland Coal</u>	Kind of Lease State, (Federal) or Fee	Lease No. <u>SF-080712</u>
Location Unit Letter <u>L</u> ; <u>1490'</u> Feet From The <u>South</u> Line and <u>1188'</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>30 North</u> Range <u>6 West</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 type="checkbox"/> <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4289 Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4289 Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>20</u> Twp. <u>30</u> Rge. <u>6</u>	Is gas actually connected? <u>when</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.



Regulatory Affairs

(Title)

December 13, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 23 1988, 19 _____

BY Original Signed by FRANK T. CHAVEZ

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 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 9-5-88	Date Compl. Ready to Prod. 10-7-88		Total Depth 3159'			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6237' GL	Name of Producing Formation Basin Frt. Coal		Top Oil/Gas Pay 2948'			Tubing Depth 3137'			
Perforations 2948'-2988', 3033'-3157' (Predrilled Liner)						Depth Casing Shoe 3159'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		225'		177 cf			
8 3/4"		7"		2933'		986 cf			
6 1/4"		5 1/2"		3159'		No Cement			
		2 7/8"		3137'					

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.) Back Pressure	Tubing Pressure (Shut-in) SI-356	Casing Pressure (Shut-in) SI-1540	Choke Size