

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Aztec, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Santos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc.	Well API No. 30-039-24437
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-6 Unit	Well No. 475	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State (Federal) or Fee	Lease No. SF-030712A
Location Unit Letter L : 2510 Feet From The South Line and 790 Feet From The West Line Section 27 Township 30N Range 6W, NMPM, Rio Arriba 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"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) 3539 E. 30th, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 27	Twp. 30N	Rge. 6W	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number.

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 11-22-89	Date Compl. Ready to Prod. 02-02-90		Total Depth 3351'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6426' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3141'		Tubing Depth 3292'			
Performances 3141-3179', 3181-3221', 3223-62', 3305-43' predrilled liner					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		224'		189 cu.ft.			
8 3/4"	7"		3135'		923 cu.ft.			
6 1/4"	5 1/2"		3346'		did not cmt			
	3 1/2"		3292'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

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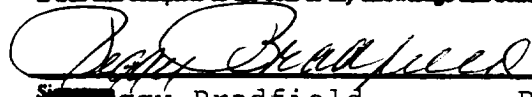
GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) SI 1331	Casing Pressure (Shut-in) SI 1492	Choke Size

OIL CON. DIV.  
DIST. 3

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

  
Signature: Peggy Bradfield Reg. Affairs  
Printed Name: Date: 2-28-90 Title: 326-9700 Telephone No.

OIL CONSERVATION DIVISION

APR 02 1990

Date Approved

By

  
SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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