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DISTRICT!
P.O. Box 1910, Hobbs, NM 88240

SURE OF NEW MEXICO Energy, Minerals and Natural Resources Department

DISTRICT # P.O. Drawer DD, Assesia, NM \$4210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT HI 1000 Rio Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O penter 'Meridian Oil In		Well API No. 30-039-24526										
Address P.O. Box 4289,	Farmin	iton.	N M S	27499					_			
Rescon(s) for Filing (Check proper box)	1 41 11111	300113	11.11.	77 433	Outs	t (Please expla	sia)					
Now Well	Oil		Transported Dry Gas	**************************************								
Recompletion U Change in Operator	Casinghead		Condensate	_								
f change of operator give same and address of previous operator												
IL DESCRIPTION OF WELL A	ND LEA	SE									<u> </u>	
Losse Name San Juan 30-6 Unit		Well No. 408			g Formation	oal		Kind of State) P	Lease oderal or Fee	E-347	- 26	
Leasting		400	Dusti	1 11 4	TOTALIA O			' -		<u> </u>		
Unit Letter	:160	60	Feet From	The	South Lim	and1	275	Feet	From The	West	Line	
Section 16 Township	30N		Range 6W		. NMPM. R		Ric	tio Arriba		County		
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		or Conden			Address (Giv	e address to wi	hich app	proved o	opy of this form	n is to be se	AL)	
Meridian Oil Inc.			X)	P.O. Box 4289. Farming Address (Give address to which approved a				ton N.M	8749	9		
Name of Authorized Transporter of Casing Meridian Oil Inc./Nort	he ad Gas :hwest	Pipeli	or Dry Go	rp.	Address (Giv PO Box	e <i>eddress to wi</i> 4289 , Far	<i>hich ap</i> rm . NN	1 874	199/PO Bo	x 8900	Sait Lake	
If well produces oil or liquids,	Unit Soc.		Twp. Rgs.		Is gas actually connected?		1	Whea ?		Ci	ty, UT. 8410	
give location of tunks. If this production is commingled with that f	TOTAL SERVICENCE	16	30N		ing order pum	ber:					000	
IV. COMPLETION DATA			, , , ,								big B. t.	
Designate Type of Completion	· (X)	Oil Well	Ga	s Well	New Well	Workover	De	epea	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth		_1		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pi	nducine Fo	ormation		Top Oil/Gas	Pay			Tubing Depth			
										Depth Casing Shoe		
Perforations								M	C to E	Shoe	וח:	
	1	UBING,	CASIN	G AND	CEMENT	NG RECOR	RD_	以	EWE	0 77 6		
HOLE SIZE	CA	SING & TI	UBING SI	ZE		DEPTH SET	<u> </u>	ПИ	JAN2 3	1990	EN	
			··	,						+-1711		
									IL COI	A DI	V .	
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		J				 			
OIL WELL (Test must be after r			of load oil	and mus	Producing N	r exceed top all lethod (Flow, p	llowable	for this	depth or be for ic.)	full 24 hou	<i>σ3.)</i>	
Date Liter Ven Oil You to 1808	Date of Te	a .										
Longth of Test	Tubing Pro	lubing Pressure			Casing Pres	Casing Pressure				Choke Size		
Actual Prod. During Test Oil - Bbls.					Water - Bbls.				Gas- MCF			
	<u> </u>								<u> </u>			
GAS WELL	W	Trans.			TRNs Cook	nate/MMCF			Gravity of Co	edensate		
Actual Prod. Test - MCF/D	Length of	1000			But. Con.							
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFIC	'ATE O	E COM	DI TAN	CF	┧┌──							
I hereby certify that the rules and regu	lations of the	Oil Cons	ervation			OIL CO	NS	=RV	ATION [)IVISI	ON	
Division have been complied with and is true and complete to the best of my	that the info knowledge:	xmation gi und belief.	iven above		Dat	e Approv	nort		JAN 23	1990	·	
Lan: A	4 1	0/4			Da	a whhina	. DQ			Λ		
Signature.						By But Chang						
Signatura LeSlie Kahwajy, Re	g. Aff	i i ys	Title					SUPE	RVISOR	DISTRIC	T ∤ 3	
January 23, 1990	50!	5-326 <u>-</u>	9751		Titl	8				7		
Date			elephone N									

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.