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

State of New Mexico Energy, Minerals and Natural Resources Dep. .ent

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	OTRA	NSF	PORT OIL	AND NA	TURAL G					
Operator Meridian Oil Inc.								API No.			
							3	0-039-24526			
Address PO Box 4289, Farm	ington.	NM	87	499							
Resear(s) for Filing (Check proper box)					Ott	net (Please expl	lais)				
New Well	,	Change in	Trans	porter of:		(o 100				İ	
Recompletion	Oii		Dry C								
Change in Operator	Casingheed	Gas 🔲	Cond								
f change of operator give name							·				
and address of previous operator											
IL DESCRIPTION OF WELL			1=					4.			
Less Name San Juan 30-6 Uni		Well No.						of Lease No.   Federal or Fee   E = 347 = 26			
Location		0					<u> </u>			47.20	
Usit Letter	. 16	60	East 1	From The	outh ,	12	7.5	et From The	West	Line	
	_ :		. Total I								
Section 16 Townsh	i <b>p</b> 30	)	Range	•	6 , N	MPM, Rio	Arriba	a		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden		<u>ND NATU</u>		ve address to w	Lish same	l annu ne ebia e	farra ia sa ba aa		
Meridian Oil Inc.			1								
Name of Authorized Transporter of Casis	ehead Ges	head Gas or Dry Gas 🖓						ington, NM 87499 Copy of this form is to be sent)			
Meridian Oil Inc.			J. J.	, ,	i .	ox 4289				7499	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.		ly connected?	When			1 12 13 13	
give location of tanks.	11. 1	16	130	<u> </u>		<u></u>	L	·	· · · · · · · · · · · · · · · · · · ·		
I this production is commingled with that	from any other	r lease or	pool, g	ive comming	ling order nun	ober:					
IV. COMPLETION DATA		1			T			· 1 == = :	10 0	n:en	
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Doepen	i Mag Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	. Ready to	Prod	X	Total Depth			P.B.T.D.	<u> </u>	-1	
10-03-89	10-26-89				3387'						
Elevations (DF, RKB, RT, GR, etc.)					Top Oil/Gas Pay			Tubing Depth			
6560'GL Fruitland Coal				al	3259 <b>'</b>			3366'			
Performing								Depth Casin	ng Shoe	1	
3259-3378' (pred	rilled			DIC AND	CEMENT	NC RECOR	20	<u> </u>			
UOLE CIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
12 1/4"		9 5/8"				331		345 cu ft			
8 3/4"	7"					3278'			859 CU ft		
6 1/4"	5 1	/2"			3381'			did not cmt			
		//8"&			334	56'			<del></del>		
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLI	E			lawahla ƙasab	:- dameh am ha	Can full 24 hou	1	
OIL WELL (Test must be after Date First New Oil Run To Tenk			of load	a ou ana mus		tethod (Flow, p		ere i 🗀 🗈	and April 18	· March POTT PRODUCT	
Date First New Oil Rile 10 1888	il Run To Tank Date of Test							"'MEGEIVET			
Length of Test	Tubing Pressure				Casing Pressure			Clore Size			
_								UU	DECO1	1000	
Actual Prod. During Test	Oil - Bbls.				Water - Bbi	L.		Gas- MCF			
							<del> </del>		<del>ON</del>	DW.	
GAS WELL									DIST.	3	
Actual Prod. Test - MCF/D	Length of I	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
	Tubing Pres	/Sau	7		Casino Pros	aum (Shut-in)		Choks Size			
Testing Method (pitot, back pr.) backpressure	, -	1444			1	1460			-		
				NCE	1	2100					
VI. OPERATOR CERTIFIC  1 hereby certify that the rules and regr					1	OIL CO	NSERV	<b>ATION</b>	DIVISIO	NC	
Division have been complied with and	that the infor	matica giv	res abo	, W6							
if the sad complete to the best of my					Dat	e Approvi	ed	DEC	0 1 100	<u>g</u>	
1 and K.		~				~~~	$\overline{\langle}$	)	- राज्यका	208	
[[]][][][][][][][][][][][][][][][][][]	Rfu	ld_	<del></del>		∥ By.		14				
Peggy Bradfield Reg.Affairs											
Printed Name Title					Title	9	9d r 39	( <b>0</b> 594 m.)	KU (P. S		
D-ta	3	26-9	700	N/a							
Date		100		144	<u> </u>						
			_								

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   Separate Form C-104 must be filed for each pool in multiply completed wells.