

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

OIL CONSERVATION DIVISION

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

| | |
|---|---|
| Operator Meridian Oil Inc. | Well API No. 30-039-24868 |
| 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. 490 | Pool Name, including Formation Basin Fruitland Coal | Kind of Lease State (Federal or) Fee | Lease No. SF-078741 |
| Location Unit Letter <u>G</u> : <u>1525</u> Feet From The <u>North</u> Line and <u>945</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>30</u> Range <u>6</u> , <u>NMPM</u> , 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| Meridian Oil Inc. | PO Box 4289, Farmington, NM 87499 |
| 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) |
| Meridian Oil Inc. | PO Box 4289, Farmington, NM 87499 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rgn. Is gas actually connected? When ? |
| | G 25 30 6 |
| 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 9-24-90 | Date Compl. Ready to Prod. 12-31-90 | Total Depth 3590' | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6648' GL | Name of Producing Formation Fruitland Coal | Top Oil/Gas Pay 3387' | Tubing Depth 3479' | | | | | |
| Performances 3387-3508' (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" | 230' | 189 cu.ft. |
| 8 3/4" | 7" | 3365' | 1353 cu.ft. |
| 6 1/4" | 5 1/2" | 3510' | did not cmt |
| | 2 7/8" & 3 1/2" | 3479' | |

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. |
| | | |

GAS WELL

| | | | |
|--|--------------------------------------|--------------------------------------|-------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | CHOICE SIZE |
| | | | |
| Testing Method (pilot, back pr.) backpressure | Tubing Pressure (Shut-in) SI 1190 | Casing Pressure (Shut-in) SI 1457 | CHOICE SIZE |
| | | | |

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.

Peggy Bradford
 Signature
 Peggy Bradford Reg. Affairs
 Printed Name
 1-29-91
 Date
 326-9700
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 04 1991
 By *Bill D. Shroy*
 Title SUPERVISOR DISTRICT #3

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 well in specially completed wells.