Submit 5 Conies
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 1-1-29 See instructions

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Openior Meridian Oil Inc.				Well API No.						
						30-039	30-039-24926			
Address										
PO Box 4289, Fa	erminaton. M	1 87499								
Reson(s) for Filing (Check proper box		. 31133	Oth	t (Piesse expis	ie)	· - · · · · · · · · · · · · · · · · · ·				
New Well		a Transporter of:	_	•						
Recompletion	ou 🗆	Dry Gas								
Change in Operator	Casingheed Gas	Condenses						•		
f change of operator give masse										
ad address of previous operator										
IL DESCRIPTION OF WEL	L AND LEASE									
Losse Name						f Lease No.				
San Juan 30-6 Un	it 489	Basin F	ruitlar	d Coal	State.	Federal or Fee	SF-0	78741		
Location										
Unit Letter K	. 2310 '	_ Feet From The _	outh Lie	14	165 F e	et From The	West	Line		
		_					<u>-</u>			
Section 24 Town	30 and 1	Range 6	, N	IPM,	Rio Arr	iba		County		
III. DESIGNATION OF TR		IL AND NATU								
Name of Authorized Transporter of O	il or Conde	mante X	Address (Giv	e address to wi	ick approved	copy of this form	R IS 10 be see	m)		
Meridian Oil In		PO Box 4289 Farm								
Name of Authorized Transporter of Co		or Dry Gas 🔯	1				copy of this form is to be sent)			
Meridian Oil In	ic.			PO Box 4289, Farmi						
If well produces oil or liquids,	Unit Sec.		L is gas actually connected? When			7				
give location of tanks.	K 24	30 6								
If this production is commission with t	hat from any other lease or	r pool, give commung	ing order sum				 			
IV. COMPLETION DATA				<u></u>	·	<u> </u>				
Designate Type of Completi	Oil We	li Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Resiv		
Date Spudded	Date Compl. Ready		Total Depth	<u></u>	<u> </u>	P.B.T.D.				
10-04-90	1-14-91	D FIOL	3377	7 1		P.B. I.D.				
Elevanons (DF. RKB, RT. GR. etc.)		Top Oil/Gas Pay			Tubing Doorb					
6550 GL		Name of Producing Formation		3214'			Tubing Depth 3363			
eformous Fruitland Coal						Depth Casing Shoe				
3214-53', 3293-3	1332 3335-	75! (predr	cilled I	iner)						
3211 33 , 3233 3					<u> </u>	`				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4"		9 5/8"		225			189 cu.ft.			
8 3/4"	7"		3216'		1619 cu.ft.					
6 1/4"	5 1/2	5 1/2"		3377'		did not cmt				
	2 7/8	2 7/8" & 3 1/2"		3363'						
V. TEST DATA AND REQU										
	ter recovery of total volum		s be equal to or	exceed top all	owable for the	is depth or be for	full 24 hour	72.)		
Date First New Oil Run To Tank Date of Test			Producing Method (Flow, pump, gas lift, a							
								F2 %, 1		
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choice siles (F) (E)		
					**			, \		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis		•	Ga-MOE	30619	91		
GAS WELL						OIL (CON.	DIV		
Actual Prod. Test - MCF/D	Length of Test	Least of Tes			Bble. Condenses MMCF			General of Capital 3		
					•	100	K SKILL Y	•		
Testing Method (pitet, back pr.)	Tubing Pressure (So	Ul-a)	Casing Press	us (Shut-in)		Choks Size				
backpressure	SI 430		si :	1443						
VL OPERATOR CERTIF		DETANCE								
				OIL COM	NSERV	ATION D	VIVISIO	N .		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above in true-and complete to the best of my knowledge and belief.										
				Date Approved						
	<u> </u>			· whhinag			1			
Man Din	Shued				3.	n) de	!			
Spenson was granted				DV						
Peggy Bradfield	Reg	Affairs_			SUPE	RVISOR DI	STRICT	13		
Printed Name Title								· -		
2-4-91										
Date	To	lephone No.								

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

- 1) Request for allowable for newly drilled or deepened well must be accompawith Rule 111.
- y tabulation of deviation tests taken in accordance
- 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.

 A) Separate Form C-104 means to filed for each nood in smithing completes wells.