

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Meridian Oil Inc.	Well API No.	30-039-25241
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"/>	Water for # 2805995
If change of operator give name and address of previous operator			

I. DESCRIPTION OF WELL AND LEASE

Lease Name	San Juan 30-6 Unit	Well No.	404R	Pool Name, including Formation	Basin Fruitland Coal	Kind of Lease State, (Federal) or Fee	Lease No.	SF-079382
Location Unit Letter B : 1065 Feet From The North Line and 1680 Feet From The East Line Section 23 Township 30 Range 7, NMPM, Rio Arriba County								

II. 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.	2805993	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"/>	Meridian Oil Inc.	2805994	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499			
Well produces oil or liquids, or location of tanks.	Unit B	Sec. 23	Twp. 30	Rge. 7	Is gas actually connected?	When ?
this production is commingled with that from any other lease or pool, give commingling order number:						

VI. 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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11-17-92	2-14-93		3033'					
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6141' GL	Fruitland Coal		2827'		2768'			
Measurements					Depth Casing Shoe			
predrilled liner (2827-3033')								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		330'		307 cf			
8 3/4"	7"		2825'		959 cf			
6 1/4"	5 1/2"		3033'		did not cmt			
	4 1/2"		2768'					

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	Choke Size
			MAR 30 1993
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			OIL CON. DIV. DIST. 3

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
backpressure	610	610	

III. 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
Printed Name Peggy Bradfield Reg. Rep
Title
Date 3-27-93 Telephone No. 326-9700

OIL CONSERVATION DIVISION
MAY 18 1993

Date Approved _____
By Brian D. Sherry
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 pool in multiply completed wells.