Scienti 5 Copies Appropriate District Office DISTRICT I F.O. Box 1990, Hobbs, NM \$2240

## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drewer DD, Astola, NM 88210

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

DISTRICT SI 1000 Rio Brace Rd., Asiec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L TO TRANSPORT OIL AND NATURAL GAS											
Operator MERIDIAN OIL INC. Well APING.											
Address P. O. Box 4289, Farmington, New Mexico 87499											
Rescon(a) for Filing (Check proper box)  New Well  Change in Transporter of:  Recompletion  ON  Only Day One  Change in Transporter of:  Change in Transport											
Now Well			•			6/le	P	6-23	90	ŀ	
Recompletion L.J. Change in Operator X	Oli Casinghead	_	Dry On Condea			000					
If change of operator give manus Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120 and address of previous operator.											
IL DESCRIPTION OF WELL AND LEASE											
Lasse Name	Well No.   Pool Name, Including F					Pormetion 1			ind of Lesse No.		
ALBRIGHT	7 BASIN DA				AKOTA			State, Federal or Pee SF07786		7865	
Location Unit Letter	: 1650 Post From The S Line and 100 Feet From The Line									Line	
CO 20N - 10H - SAN IHAN											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil											
Meridian Oil Inc.						P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing El Paso Natural Gas Co								ngton, NM		**)	
If well produces oil or liquids, sive location of tanks.		Sec.	Top	Rgs.		ly consected?		bea ?			
C	rom say othe	r lease or	pool, pi	ve commingli	ag order mus	ber:					
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA											
Designate Type of Completion	- 00	Oil Well	۱ ! <sup>۱</sup>	Cas Well	New Well	Workover	Deeps	Plug Back	Same Res'v	Diff Res'v	
Data Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, stc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Performices									Depth Casing Shoe		
	TUBING, CASING AND C				DEPTH SET				SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEF IN SET							
									<del> </del>		
V. TEST DATA AND REQUEST FOR ALLOWABLE											
OIL WELL (Test must be after n	ecovery of to	tal volume	of load	oil and must	be equal to c	exceed top a	llowable fo	r this depth or be	for full 24 hou	<u>m)</u>	
nte First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure D E			ECET	AEI	ĵ.	
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
<u> </u>	l				<u> 1</u>	<del></del>		JUL 3 19	390		
GAS WELL	···				INCL. P.S.	en mite/MIMCF		II rand	cЇV4	<del></del> 1	
Actual Prod. Test - MCF/D	Length of Tost				Bear Cono	CERTIFICATION OF THE PERSON NAMED IN	Ų	I DIST	3		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-ia)					
VI. OPERATOR CEPTIFIC	1	· <del>··········</del>									
1 hereby certify that the rules and regulations of the Oil Conservation						OIL CO	NOFI	KVATION	シンシン	JN .	
Division have been complied with and that the information gives above in true and complete to the best of my knowledge and belief.					H	JUL 0 3 1990					
a new rest conductor in the control of the second of the s						Date Approved					
Leslie Kahwapi					0.	Birl Shang					
Leslie Kahwajy Prod. Serv. Supervisor						By SUPERVISOR DISTRICT /3					
Printed Name 6/15/90	(505)326-9700				Tit	Title					
Dete	·		elephon		1						

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.

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.