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

Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

DISTRICT E P.O. Drawer DD, Anasia, NM \$2210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

L.	HEQ	UEST FO TO TRAN	FI AL ISP(	LOWA	BLE AND	AUTHOR ATURAL C	IIZATION			
Operator MERIDIAN OIL INC.					27410 117	TO DE		API No.		
P. O. Box 4289, Farm	ington,	New Me:	xico	87	<del></del>					
Resear(s) for Filing (Check proper box)						het (Please exp	dain)		<del></del>	
Recompletion	Oli	Change in Ti	ininpo Iry Cai			0.0	<u> </u>			_
Change in Operator X		d Gas 🗌 C			<del></del>	<u>4.2                                    </u>	tect	· 6	3314	<u>)                                    </u>
and address of previous operator United Texas retroteum torporation, P. O. Box 2120, Houston, TX 77252-2120										
II. DESCRIPTION OF WELL LAMO Name	AND LE		onl Ne	me Inches	ing Formation		1 71.4		<del></del>	<del></del>
ALBRIGHT Location	5 AZTEC P						of Lease Lease No. Federal or Fee SF077865			
Unit Letter K	18	(O)	D	- T.	9	١٢٠	a Col		(,)	_
Section 22 Township 29N 10W SAN JIIAN										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Learne or vermourned Lumbboard Of Off	SPURIE	or Condensa	ANI	) NATU	RAL GAS Address (Gi	w address to w	hich approved	copy of this fo	orm is to be s	ent)
Meridian Oil Inc.					Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)					)
Sunterra Gas Gatherir	ng co.	«	DITY C	<b>**</b> (X)	P.O. Bo	x 26400,	<i>hich approved</i> Alburg	l <i>copy of this fo</i> verque.	<del>vm is to be s</del> NM - 8712	m() 5
If well produces oil or liquids, give location of tasks.	U=12	İ	a.Jr.	1	is gas actual	ly connected?	When		<b></b>	
If this production is commingled with that IV. COMPLETION DATA	from say oth	er lease or poo	al, give	comming	ing order man	ber:				J
Designate Type of Completion		Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resy
Data Spudded		l. Ready to Pa	<u></u>		Total Depth	<u> </u>	<u>i</u>	P.B.T.D.		<u>i                                     </u>
Elevations (DF, RKB, RT, GR, stc.)										
					Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
100 5 0 70	TUBING, CASING AND				CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
						<del></del>		<u> </u>		
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					be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure			Casing Pressure			S.C.	WE		
Actual Prod. During Test	Oil - Bhis			Water - Bbia			0	VE	<u> </u>	
VIII - DARES					'			Or Mg 1990		
GAS WELL Actual Prod. Test - MCF/D	1	T					OIL	CON	DIV	
The Text Program	Length of Test				Bbls. Condensate/MMCF			DIST. 3		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFICA	TE OF	COMPLL	ANC	E						
I hereby certify that the rules and gentlations of the CAL Conservation  Livingue nave bees computed with and that the information gives shows					OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					Date ApprovedJUL 0 3 1990					
_ tolshe Kahwapy					7 1					
Leslie Kahwajy Prod. Serv. Supervisor					by					
Printed Name 6/15/90 (505)326-9700					TitleSUPERVISOR DISTRICT /3					
Date		Telephon								

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.