

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.
Address P. O. Box 4289, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Outgoing Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Effect: 6/23/90
If change of operator give name and address of previous operator Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120		

II. DESCRIPTION OF WELL AND LEASE

Lease Name WILSON	Well No. 2	Pool Name, including Formation OTERO CHACRA	Kind of Lease State, Federal or Fee	Lease No. NM0702
Location				
Unit Letter <u>G</u> : <u>11625</u> Feet From The <u>N</u> Line and <u>1550</u> Feet From The <u>E</u> Line				
Section <u>31</u> Township <u>29N</u> Range <u>10W</u> NMPM <u>SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.		P. O. Box 4289, Farmington, NM 87499	
Name of Authorized Transporter of 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)	
Sunterra Gas Gathering co.		P.O. Box 26400, Albuquerque, NM 87125	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Typ.
			Rq.
Is gas actually connected?		When ?	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lost 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.

CHOKE SIZE (in.)

Gas-MCF

REEL

JUL 3 1990

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Oil Condensate V.D.S. 8
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) ...	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
LEASING have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature Leslie Kahwajy Prod. Serv. Supervisor

Printed Name 6/15/90 Title (505)326-9700

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved JUL 03 1990

By Samuel Chen
SUPERVISOR DISTRICT 13

Title _____

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.