

OIL CONSERVATION DIVISION

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

DISTRICT
P.O. Drawer DD, Azusa, NM 88210

DISTRICT III
1000 E. Burton Rd. Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

1. **Operator**
MERIDIAN OIL INC.

Well API No.

Address
P. O. Box 4289, Farmington, New Mexico 87499

Reason(s) for Filing (Check proper box)

New Well	☐	Change in Transporter of:	☐
Recompletion	☐	Oil	☐ Dry Gas ☐
Change in Operator	☒	Casinghead Gas	☐ Condensate ☐

☐ Other (Please explain)
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	
1. Name of well	2. Name of lease
3. Location of well	4. Name of owner
5. Name of operator	6. Name of lessee
7. Name of lessor	8. Name of lessee
9. Name of lessor	10. Name of lessee
11. Name of lessor	12. Name of lessee
13. Name of lessor	14. Name of lessee
15. Name of lessor	16. Name of lessee
17. Name of lessor	18. Name of lessee
19. Name of lessor	20. Name of lessee
21. Name of lessor	22. Name of lessee
23. Name of lessor	24. Name of lessee
25. Name of lessor	26. Name of lessee
27. Name of lessor	28. Name of lessee
29. Name of lessor	30. Name of lessee
31. Name of lessor	32. Name of lessee
33. Name of lessor	34. Name of lessee
35. Name of lessor	36. Name of lessee
37. Name of lessor	38. Name of lessee
39. Name of lessor	40. Name of lessee
41. Name of lessor	42. Name of lessee
43. Name of lessor	44. Name of lessee
45. Name of lessor	46. Name of lessee
47. Name of lessor	48. Name of lessee
49. Name of lessor	50. Name of lessee
51. Name of lessor	52. Name of lessee
53. Name of lessor	54. Name of lessee
55. Name of lessor	56. Name of lessee
57. Name of lessor	58. Name of lessee
59. Name of lessor	60. Name of lessee
61. Name of lessor	62. Name of lessee
63. Name of lessor	64. Name of lessee
65. Name of lessor	66. Name of lessee
67. Name of lessor	68. Name of lessee
69. Name of lessor	70. Name of lessee
71. Name of lessor	72. Name of lessee
73. Name of lessor	74. Name of lessee
75. Name of lessor	76. Name of lessee
77. Name of lessor	78. Name of lessee
79. Name of lessor	80. Name of lessee
81. Name of lessor	82. Name of lessee
83. Name of lessor	84. Name of lessee
85. Name of lessor	86. Name of lessee
87. Name of lessor	88. Name of lessee
89. Name of lessor	90. Name of lessee
91. Name of lessor	92. Name of lessee
93. Name of lessor	94. Name of lessee
95. Name of lessor	96. Name of lessee
97. Name of lessor	98. Name of lessee
99. Name of lessor	100. Name of lessee

II. DESCRIPTION OF WELL AND LEASE				
Lease Name ZACHRY	Well No. 15E	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF080724A
Location				
Unit Letter C	: 940	Feet From The W	Line and 1650	Feet From The W Line
Section 33	Township 29N	Range 10W	NMPM, SAN JUAN County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
		Address (City)			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐		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 Crudehead Gas ☐ or Dry Gas ☒		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.	Twp.	Rge.	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

If this production is commingled with that from any other lease or pool, give commingling details on Form IV.										
IV. COMPLETION DATA										
Designate Type of Completion - (X)			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

V. TEST DATA AND REQUEST FOR REVISION

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for that well.)

Producing Method (Flow, pump, gas lift, etc.)

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 Ran 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.

RECEIVED

JUL 3 1990

ON DIV.

GAS WELL

GAS WELL		Bbls. Condensate/MMCF	OIL CON. DIST. 3
Actual Prod. Test - MCF/D	Length of Test		
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VL OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the NR Conservation
 Livestock 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

Date Approved _____
By Eric D. Shum
SUPERVISOR DISTRICT #3
Title _____

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
 of the Federal Rules of Civil Procedure. A completed and deemed well must be accom-

- 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.