## Submit 5 Cooles Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

		ل ر		4
٠,	3	: ;	M.	

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 874		ma re, new M	exico 8/304	-2088	i Haran kalaban t	ى: ، نۇ				
	" REQUEST FO	OR ALLOWA	BLE AND AL	JTHORIZ	ATION					
<u>[</u>	TO TRA	INSPORT OIL	AND NATU	JRAL GAS						
O <del>perator</del> Meridian Oil In	a				Well A	API No.				
Address										
PO Box 4289, Fa	armington, NM	37499								
Researces) for Filing (Check proper bo			Other	Please explan	<del> </del>					
New Well 🗵	Change in	Transporter of:	_	·						
Recompletion	Oil	Dry Gas 🔛								
Change in Operator	Casingneed Gas	Condensate								
if change of operator give name										
IL DESCRIPTION OF WEI	LL AND LEASE									
Lease Name	ng Formation			Kind of Lesse State Federal or Fee NM-03877						
Fifield Com	800	Basın F	ruitland	Coal	State,	Federal or Fee	11M-	03877		
Location H	1600	3	North	790			East			
Unit Letter	:	Feet From The	Line a		Fe	et From The _		Line		
Section 5 Town	aship 29N	Range 11W	. NIMP		San Ju	ıan		_		
		Katike	, Idvir	IVI,	——————————————————————————————————————	<del></del>		County		
II. DESIGNATION OF TR	ANSPORTER OF O	IL AND NATU								
Name of Authorized Transporter of O Meridian Oil In	Address (Give address to which approved copy of this form is to be sent)					RI)				
		D C CTD	PO Box	Farm	Farmington, NM 87499  approved copy of this form is to be sell, Farmington, NM 87499					
Name of Authorized Transporter of Ca El Paso Natural		or Dry Gas 🔣	PO Box	4990,	Farmi	<i>copy of this fo</i> ington,	TM is to be se IJM 8	<b>7</b> 499		
If well produces on or liquids,	Unit Sec.	Twp. Rge.	Is gas actually c		When		<del></del>			
ive location of tanks.	Н 5	29N 11				•				
f this production is commingled with t	hat from any other lease or	pool, give commingi	ing order number	:						
V. COMPLETION DATA	<del> </del>		<del>,</del> ,-							
Designate Type of Completi	Oil Well		: :	Vorkover	Deepen	Plug Back	Same Res'v	Diff Resv		
Date Spudded	Date Compi. Ready to	X Proof	Total Depth		-	222	<del></del>			
12-27-88	02-13-8			9731		P. <b>B.T.</b> D.				
Elevations (DF, RKB, RT, GR, etc.)	Name or Producing Fo	Producing Formation		Top Oil/Gas Pay		Tubing Depth				
5777 <b>'</b> GL	Fruitland	Fruitland Coal		1792'		1950'				
Perforations 1792-931,	,	1853-55',	1358-61	1, 188	0-82 <b>'</b>	Depth Casing	Shoe			
1884-88', 1937-						!	1975 <u>'</u>			
HOLE SIZE		TUBING, CASING AND					SACKS CEMENT			
12 1/4"	9 5/8"	CASING & TUBING SIZE		22 <b>3'</b>			177 cu.ft.			
8 3/4"	7"			1768'			cu.f			
6 1/4"	4 1/2"	4 1/2"		197 <b>6</b>			cu.1t			
	2 3/8"		19	50 <b>'</b>			<u>.</u>			
V. TEST DATA AND REQU										
OLL WELL Test must be after Date First New Oil Run To Tank	Date of Test	of load oil and must	Producing Metho	<del></del>		<del></del>	or full 24 hous	rs.)		
	Date of Tex			os (1 10 m. ps.)	P. 8 171, 4	••.,				
ength of Test	Tubing Pressure	<del> </del>	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.			Gas- MCF				
	!				<del></del>	<u> </u>				
GAS WELL										
Actual Prod. Test - MCF/D	Longth of Test	Length of Test		Bbls. Condensete/MMCF			Gravity of Condensate			
esting Method (pites, back pr.)	Tubing Pressure (Shus-	·m)	Casing Pressure	(Shut-in)		Choke Size	<del> </del>			
backpressure			230							
L OPERATOR CERTIF	TCATE OF COMP	TIANCE	İr							
I hereby certify that the rules and re			0	L CONS	SERV	ATION I	DIVISIO	)N		
Division have been complied with a	and that the information give									
is true and complete to the best of z	Date Approved									
Seas Sell	11									
	By Original Street by 1970ath A CHAVEZ									
Peggy Bradfield	, Regulatory	Affairs	-,				5			
Printed Name March 14, 1989	3.5.	Title	Title_			<i>71</i> 11-	·			
Date	326-9727 Teles	phone No.								

## 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.

Telephone No.

- 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 weils.