Submit 5 Cosins
Appropriate District Office
DISTRICT I
P.O. Box 1950, Hubbs, NM 88240

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

Form C-104
Revised 1-1-89
See instructions
at Bettern of Pres

DISTRICT II
P.O. Drawer DD, Assess, NM \$5210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| L.<br>Operator   |                                    | IO IHA                      | NOP         | OH I OIL     | AND NA                    | UNAL          |                      | all API   | Na.<br>)-045                | -28895           |                                       |  |
|--|------------------------------------|-----------------------------|-------------|--------------|---------------------------|---------------|----------------------|-----------|-----------------------------|------------------|---------------------------------------|--|
| Meridian Oil In  | c.                                 |                             | <del></del> | <u> </u>     |                           | <del>.</del>  |                      |           |                             |                  |                                       |  |
| PO Box 4289, Fa  | rmingt                             | on, N                       | M S         | 87499        |                           |               |                      |           |                             |                  |                                       |  |
| Resecuts) for Filing (Check proper box) New Well                               |                                    | Change in                   | Tone        | and of       | Odb                       | it (Please a  | TPIGIR)              |           |                             |                  |                                       |  |
| Recompletion   | Oil                                |                             | Dry G       |              |                           |               |                      |           |                             |                  |                                       |  |
| Change in Operator   | Casinghee                          | d Gas 🔲                     | Conde       |              |                           |               |                      |           |                             |                  | <u>.</u>                              |  |
| Change of operator give seems and address of previous operator                 |                                    |                             |             |              |                           |               |                      |           |                             |                  |                                       |  |
| L DESCRIPTION OF WELL  | AND LEA                            | ASE                         | -           |              |                           |               |                      |           | _                           | ·                |                                       |  |
| Losse Name   | · ·                                | Well No.                    | Pool N      | iame, includ | ng Formation              |               |                      | ind of L  | saes<br>stal or Fed         | SE O             | 68990                                 |  |
| Shiotani Federal   | L                                  | 500                         | В           | asın r       | 'ruitlar                  | id Coa        | T 36                 |           | ange or Per                 | 51-0             | 00990                                 |  |
| Leastion H   | 170                                | 0                           | Coat B      | rom The      | orth                      | and           | .055                 | Gard E    | The                         | East             | Line                                  |  |
| <b>Unit Letter</b>   |                                    | 29                          | _ rest r    |              | 2                         |               | San Ju               |           | rote 108 _                  |                  |                                       |  |
| Section Towns  | rip                                |                             | Range       |              | , N                       | ирм,          | - C                  |           |                             | <del></del>      | County                                |  |
| II. DESIGNATION OF TRAI  | NSPORTE                            | R OF O                      | IL AN       | ID NATU      | RAL GAS                   |               |                      |           |                             |                  |                                       |  |
| Name of Authorized Transporter of Oil  |                                    | or Conde                    |             | <b>*</b>     | Address (Giv              |               |                      | •         |                             |                  | *                                     |  |
| Meridian Oil Ir Name of Authorized Transporter of Casi                         |                                    |                             | or Dry      | Gee -        | PO Bo                     |               | 9, Fai               |           |                             |                  | 7499                                  |  |
| Meridian Oil In  | _                                  | <b></b>                     | or Diff     |              |                           |               | 9, Fai               |           |                             |                  | 7499                                  |  |
| If well produces oil or liquids,   | Unit                               | Sec.                        | Twp         |              | is gas actuali            | y connected   | ? W                  | /hen ?    |                             |                  | · · · · · · · · · · · · · · · · · · · |  |
| give location of tanks.  | H                                  | 8                           | 29          | 1 12         |                           |               |                      | <u> </u>  | HC-90                       | <del></del>      |                                       |  |
| f this production is commingled with the<br>IV. COMPLETION DATA                | t from any oth                     | ret reste ot                | boor &      | As comment   | INE CLOSE MINIS           | <b></b>       |                      |           | 110-90                      | <u> </u>         |                                       |  |
| <del></del>  | <b>75</b>                          | Oil Well                    | 1           | Gas Well     | New Well                  | Workove       | Deep                 | ea P      | lug Back                    | Same Res v       | Diff Res'v                            |  |
| Designate Type of Completion  Date Spedded                                     |                                    | pi. Ready to                |             | х            | Total Depth               |               |                      |           | B.T.D.                      | <u>L</u>         | <u> </u>                              |  |
| 12-30-92   |                                    | 7 <b>-</b> 03-              |             |              | 195                       | 50'           |                      |           | B. I.D.                     |                  |                                       |  |
| Elevations (DF, RKB, RT, GR, etc.)   |                                    | Name of Producing Formation |             |              |                           | Pay           |                      | Tı        | Tubing Depth                |                  |                                       |  |
| 5663 GL  | Fruitland Coal                     |                             |             |              | 166                       | 50'           |                      |           | 1750 1<br>Depth Casing Shoe |                  |                                       |  |
| 1660-1680'   |                                    |                             |             |              |                           |               |                      |           | ори Сам                     | g Suce           |                                       |  |
|  | 7                                  | UBING.                      | . CASI      | NG AND       | CEMENTI                   |               |                      |           |                             |                  |                                       |  |
| HOLE SIZE  |                                    | SING & TI                   | UBING       | SIZE         | ·                         | DEPTH S       | ET                   | - !       |                             | SACKS CEM        |                                       |  |
| 12 1/4"<br>7 7/8"  |                                    | /8"<br>L/2"                 |             |              |                           | 219'<br>L949' |                      |           |                             | cu.ft.           |                                       |  |
| 1 1/0  |                                    | 1/2"                        |             |              |                           | 1750 L        |                      |           | <u> </u>                    | Cu.rc.           | _                                     |  |
|  |                                    |                             | 4 0.1 5     |              | <u> </u>                  |               |                      |           |                             |                  |                                       |  |
| V. TEST DATA AND REQUE<br>OIL WELL (Test must be after                         |                                    |                             |             |              | i be equal to or          | exceed too    | ailowable fo         | r this de | och or be                   | for full 24 hou  | ez.)                                  |  |
| Date First New Oil Run To Tank   | Date of Te                         |                             | <del></del> |              | Producing Me              |               |                      |           |                             |                  |                                       |  |
|  |                                    | <del> </del>                |             | <u> </u>     | Casing Press              |               | igh. euc D E D E V E |           |                             |                  |                                       |  |
| Length of Test   | Tubing Pro                         | estre                       |             |              | Cathing Freeze            |               | 1                    | 183       | FPN 619                     | 93               |                                       |  |
| Actual Prod. During Test   | Oil - Bhis.                        |                             |             |              | Water - Bbis.             |               |                      | G         | MCF                         |                  |                                       |  |
|  |                                    |                             |             |              |                           |               |                      |           | Cil                         | CON.             |                                       |  |
| GAS WELL   |                                    |                             |             |              |                           |               |                      |           | <del></del>                 | Di <b>51</b> . 3 | <u> </u>                              |  |
| Actual Prod. Test - MCF/D  | Leagth of                          | Test                        |             |              | Bbis. Conden              | MINIC         | •                    |           | CEATA OL (                  | Condensate       |                                       |  |
| Testing Method (puot, back pr.)  | Tubing Pri                         | ecause (Shu                 | 1-m)        |              | Casing Press              | um (Shut-in   | )                    | C         | boks Size                   |                  |                                       |  |
| backpressure   | S                                  | I na                        | a           |              | SI                        | 48            |                      |           | -                           | ·                |                                       |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE   |                                    |                             |             |              | OIL CONSERVATION DIVISION |               |                      |           |                             |                  |                                       |  |
| I hereby certify that the rules and reg<br>Division have been compiled with an | ulations of the<br>d that the info | Oil Cones                   | vez abov    | æ            |                           | J.L U(        | 1 <b>-</b>           |           |                             | J. 7 101         | J14                                   |  |
| is true and complete to the best of m  | Date Approved SEP 2 0 1993         |                             |             |              |                           |               |                      |           |                             |                  |                                       |  |
| Jan Shall  | Original Signed by CHARLES GHOLSON |                             |             |              |                           |               |                      |           |                             |                  |                                       |  |
| Signature  |                                    |                             |             | <del></del>  | By_                       |               |                      | ,         |                             |                  |                                       |  |
| Peggy Bradfiel   | d Reg                              | ulato:                      | ry F        | Rep.         |                           | DEPIIT        | TY OIL & G           | AS INS    | PECTOR                      | DIST. #3         |                                       |  |
| 09-14-93   | Title                              |                             |             |              |                           | <del></del>   |                      |           |                             |                  |                                       |  |
| Date   |                                    | Tel                         | <u>-970</u> | 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.
- 3) Fill out only Sections I. II. III. and VI for changes of operator, well name or number, transporter, or other such changes:

Submit 5 Coxing
Approximate Author Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazza Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer D.D. Arlessa, NIM \$1210

Sama Fe. New Mexico 87504-2088

|   | REC                                     |                                 |                      |                   | BLE AND<br>AND NA                  |   |                                  |                       |                           |  |                     |   |  |
|---|---|---------------------------------|----------------------|-------------------|------------------------------------|---|----------------------------------|-----------------------|---------------------------|--|---------------------|---|--|
| Openior  Meridian Oil In  |   |                                 | API Na<br>30-045     | 45-28895          |                                    |   |                                  |                       |                           |  |                     |   |  |
| Address   |   | +on 1                           | тм 9                 | 7499              |                                    |   |                                  | <del></del>           |                           |  |                     |   |  |
| PO Box 4289, Fo   |   | COII, N                         | IM G                 | 1433              | Ot                                 | het (Plea   | 94 CT014                         | 181                   |                           |  |                     |   |  |
| New Well  | •                                       | Change in                       | Тимеро               | rur of:           | <u> </u>                           |   | C                                | ,                     |                           |  |                     |   |  |
| Recomptation  | Oil                                     | <u> </u>                        | Dry Ga               | . 💷               |                                    |   |                                  |                       |                           |  |                     |   |  |
| Change to Operator  | Caringh                                 | med Gas 🗌                       | Conden               | <u> </u>          |                                    |   |                                  |                       |                           |  |                     |   |  |
| if change of operator give name   |   |                                 |                      |                   |                                    |   |                                  |                       |                           |  |                     |   |  |
| IL DESCRIPTION OF WELL  | ANDI                                    | FACE                            |                      |                   | <del></del>                        |   |                                  | -                     |                           |  |                     |   |  |
| Lam Name<br>Shiotani Federa   |   |                                 | Pool Na              | me includ         | utz Pi                             | c.Cl  | iff                              | Kind                  | of Lease<br>Federal or Fe | · CE   | Less No.<br>-068990 |   |  |
| Location  |   |                                 | 1 416                |                   |                                    |   |                                  |                       | CANADA OL LA              |  | <del></del>         | _ |  |
| Unit Letter   | :                                       | 00                              | Foot Pro             | on The            | orth<br>                           | ne essá   | 105                              |                       | set From The              | Eas  | st<br>              | B |  |
| Section 8 Towns   | hip                                     | 29                              | Range                | 1                 | .2                                 | empm,   | Sa                               | ın Juai               | n                         |  | County              |   |  |
| III. DESIGNATION OF TRA   | NSPORT                                  | ER OF O                         | IL ANI               | D NATU            | RAL GAS                            | ;   |                                  |                       |                           |  |                     |   |  |
| Name of Authorized Transporter of Oil   |   | or Conde                        | Address (G           | ive addres        |                                    |   | copy of this form is to be sent) |                       |                           |  |                     |   |  |
| Meridian Oil I: Nome of Authorized Transporter of Case                        |   |                                 |                      | Ges 🗀             | PO Box 4289                        |   |                                  |                       |                           | <u>-                                      </u> |                     |   |  |
| Meridian Oil I  |   | <b></b>                         | OI DIY               |                   |                                    |   |                                  |                       | ington,                   |  | 87499               |   |  |
| If well produces oil or liquids,<br>rive location of tento.                   | Unit                                    | Sec.                            | Twp                  | <b>Rge.</b>   1.2 | is gas actin                       |   |                                  | When                  |                           |  |                     |   |  |
| f this production is commungled with the                                      | H from My 0                             | 1 8<br>ther lease or            | 29                   |                   | ing order sum                      | nber:   |                                  |                       | DHC-90                    | 1  | ····                |   |  |
| V. COMPLETION DATA  | _,, -                                   |                                 |                      |                   |                                    |   |                                  |                       |                           |  | <del></del>         | _ |  |
| Designate Type of Completio   | n - (X)                                 | Oil Well                        | 0                    | ies Well<br>X     | New Well                           | Work  | OVET                             | Deepea                | Plug Back                 | Same Res                                       | v Diff Resv         | _ |  |
| Date Spudded  | Date Cor                                | npi. Ready to                   | Prod.                |                   | Total Depth                        |   |                                  |                       | P.B.T.D.                  | <u> </u>                                       |                     | - |  |
| 12-30-92  |   | 07-03-93                        |                      |                   | Top Oil/Gas                        | 50'   | _                                |                       |                           |  |                     |   |  |
| Name of Producing Formston 5663'GL Name of Producing Formston Pictured Cliffs |   |                                 |                      | 10p Ou Can        | ray                                |   |                                  | Tubing Dep            | 1 1750 1                  |  |                     |   |  |
| Performance 1698-1720 '   |   |                                 |                      |                   |                                    |   |                                  |                       |                           | Depth Casing Shoe                              |                     |   |  |
|   | <del></del>                             | TURING                          | CASTA                | IG AND            | CEMENT                             | ING RE  | COBI                             |                       | :<br>                     |  |                     | _ |  |
| HOLE SIZE   | TUBING, CASING AND CASING & TUBING SIZE |                                 |                      |                   | CHAILMII                           | DEPTI   |                                  |                       |                           | SACKS CEMENT                                   |                     |   |  |
| 12 1/4"   |   | 5/8"                            |                      |                   |                                    | 219   | 1                                |                       | 272 cu.ft.                |  |                     |   |  |
| 7 7/8"  |   | 1/2"                            |                      |                   |                                    | 1949  |                                  |                       | 1005 cu.ft.               |  |                     |   |  |
|   | $\frac{1}{1}$                           | 1/2"                            |                      | -                 | <del> </del>                       | 1750  | <u>'</u>                         | <del></del>           |                           |  | <del></del>         |   |  |
| V. TEST DATA AND REQUI  | EST FOR                                 | ALLOW                           | ABLE                 |                   |                                    |   |                                  |                       | <del></del>               | · · ·  |                     |   |  |
| OIL WELL Test must be after   |   |                                 |                      | il and must       | be equal to o                      | r cocced  | ioo ello                         | wable for the         | e deputy of be            | for full 24                                    | MC CO               | ċ |  |
| Data First New Oil Rua To Tank  | Date of T                               | es                              |                      |                   | Producing N                        | lethod (F   | low, pu                          | np, gas lift.         | D) E                      | DEPENDENT                                      |                     |   |  |
| Length of Test  | Tubing P                                | Tubing Pressure                 |                      |                   | Casing Pres                        | nus.  |                                  | į                     | SF F                      | SEP1 61993                                     |                     |   |  |
| Actual Prod. During Test  | Oil - Bbi                               | Oil - Bhis.                     |                      |                   |                                    | Water - Bbis.   |                                  |                       |                           | BILCON. DIV                                    |                     |   |  |
|   |   |                                 |                      |                   |                                    |   |                                  |                       | DIST. 9                   |  |                     |   |  |
| GAS WELL  |   |                                 |                      |                   | Bble. Conde                        | X   | W-E                              | <u> </u>              |                           | -  |                     |   |  |
| Actual Prod. Test - MCF/D   | Length of Test                          |                                 |                      | BOLL COMM         | NU.                                | <b>TCI</b>  |                                  | Gravity of Condensate |                           |  |                     |   |  |
| Sackpressure  | _                                       | Tubing Pressure (Shut-in) SI na |                      |                   | Caring Pressure (Shut-in) SI 48    |   |                                  |                       | Choks Size                |  |                     |   |  |
|   | re SI na ERTIFICATE OF COMPLIANCE       |                                 |                      |                   | 1 31                               | 40  |                                  |                       |                           |  |                     |   |  |
| Y L () PERATOR CERTIFI<br>I bereby certify that the rules and reg             |   |                                 |                      | CE                |                                    | OIL (   | CON                              | SERV                  | ATION                     | DIVIS  | ION                 |   |  |
| Division have been communed with an   | ed that the inc                         | CLEMENTOR SIA                   |                      |                   |                                    |   |                                  | 2.2                   |                           | 100  |                     |   |  |
| is true and comment to the best of my knowledge and belief.                   |   |                                 |                      |                   | Date Approved OCI 13 1993          |   |                                  |                       |                           |  |                     |   |  |
| San Machield  |   |                                 |                      |                   | Original Signed by CHARLES GHOLSON |   |                                  |                       |                           |  |                     |   |  |
| Signature /   |   | - (-                            | . — · <del>-</del> · | <del></del>       | By_                                |   |                                  | , =                   |                           |  |                     |   |  |
| Peggy Bradfiel Printed Name   | d Rec                                   | ulator                          | CV Re                | <u>. qs</u>       |                                    | Sere to the series of the s | upha shii                        | F-65 1" =             | 5,400Å , 25 <b>3</b> - 2  | .cr - 09                                       |                     |   |  |
| 09-14-93  |   | 326-                            | -9.700               |                   | Title                              | <u> </u>  | it Uil                           | & CAS IN              | Bricor, C                 | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1         |                     |   |  |
| Date  |   |                                 | phone No             |                   | 11                                 |   |                                  |                       |                           |  |                     |   |  |

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