

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.	Well API No. 30-045-28895
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shiotani Federal	Well No. 500	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-068990
Location Unit Letter H : 1700 Feet From The North Line and 1055 Feet From The East Line Section 8 Township 29 Range 12, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 8	Twp. 29	Rge. 12	Is gas actually connected?	When?
If this production is commingled with that from any other lease or pool, give commingling order number:						DHC-901

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 12-30-92	Date Compl. Ready to Prod. 07-03-93		Total Depth 1950'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 5663' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1660'		Tubing Depth 1750'			
Perforations 1660-1680'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		219'		272 cu.ft.			
7 7/8"	4 1/2"		1949'		1005 cu.ft.			
	1 1/2"		1750'					

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	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pust, back pr.) backpressure	Tubing Pressure (Shut-in) SI na	Casing Pressure (Shut-in) SI 48	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature
Peggy Bradfield Regulatory Rep.
Printed Name Title
09-14-93 326-9700
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 20 1993

By Original Signed by CHARLES GHULSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.

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P.O. Drawer DD, Azusa, NM 88210

OIL CONSERVATION DIVISION

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

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1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.	Well API No. 30-045-28895
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Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shiotani Federal	Well No. 500	Pool Name, including Formation Fulcher Kutz Pic.Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF-068990
Location Unit Letter H : 1700 Feet From The North Line and 1055 Feet From The East Line Section 8 Township 29 Range 12, NMPM, San Juan County				

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Date Spudded 12-30-92	Date Compl. Ready to Prod. 07-03-93		Total Depth 1950'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 5663' GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay		Tubing Depth 1750'			
Perforations 1698-1720'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF


RECEIVED
SEP 16 1993
OIL CON. DIV
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pact. back pr.) backpressure	Tubing Pressure (Shut-in) SI na	Casing Pressure (Shut-in) SI 48	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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


Signature
Peggy Bradfield Regulatory Rep.
Printed Name Title
09-14-93 326-9700
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 15 1993
Original Signed by CHARLES GHOLSON
By
Title DEPUTY OIL & GAS INSPECTOR, DIST. 3

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