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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

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

P.O. Box 2088

DISTRICT III

**INSTRUCTIONS:** 

accordance with Rule 111.

Santa Fe, New Mexico 8750004-2088

**OIL CONSERVATION DIVISION** 

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.										
Operator Meridian Oil Inc.					Well API No. 30-045-28909					
Address					150 010 200			<u></u>		
	, Farmington, 1	New Mexico	87499			· · · · · · · · · · · · · · · · · · ·				
Reason(s) for Filing (Check proper bo					Other (Please	•				
New Well		Change in Transporter of			Change of Operator					
Recompletion	Oil		Dry Gas	1 X	Effective D	ate	<del></del>			
Change in Operator	Casinghea	d Gas	Condensate	<del></del>						
If change of operator give na and address of previous opera				7.1	iti. 2	806390	<i>~</i> )			
II. DESCRIPTION OF	**********	LEASE	***************************************				<i>y</i> F	******		
Lease Name	Well No.	Pool Name, Inclu			Kind of Lease		Lease No			
Shiotani Federal	400	Basin Fruitla	ind Coal		State, Fede	ral or Fee	SF-068990	)		
	L 1630	Feet form the	South	Line and	870	Feet From The	West	Line		
	8 Township	29 North	Range		,NMPM,	<del></del>	San Juan	County		
III. DESIGNATION O	***************		<b></b>	·	*********			·····		
Name of Authorized Transporter of O Meridian Oil Inc.		or Condensate	X	Address (Give address to which approved copy of this form to be sent)						
Name of Authorized Transporter of C	********	グ <u>くとこうとろ</u> pr Dry Gas		P.O. Box 4289, Farmington, New Mexico 87499  Address (Give address to which approved copy of this form to be sent)						
El Paso Natural Gas Compan	-	816389	7 ×	i		ington, New M		,		
If we I produces oil or	Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When ?			
liquids, give location of tanks.	L		3 29		<u> </u>	D 0001				
If this production is commingled with IV. COMPLETION DA		e or pool, give com	ımıngling order i	iumber:		R-9881		*****		
TV. COMILETION DA	Oil Well	Gas Well	! New Well	Workover	Deepen	Plug Back	Same Res'v	. Diff Res'v		
Designate Type of Completion - (X)	; !	}	1	! [	1	1	1			
Date Spudded Date C	ompl. Ready to Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	ucing Formation	<u> </u>	Top Oil/Gas	: Pay	Tubing Depth				
Perforations	l			<u> </u>		Depth Casing Sh	·····			
	TUB	ING, CASINO	G AND CEM	ENTING	RECORD	Deput Casing Si				
HOLE SIZE	C.A	SING & TUBING	SIZE	SIZE DEPTH SET		SACKS CEME		SACKS CEMENT		
***************************************										
V. TEST DATA AND I	REQUEST FO	RALLOW	ARIF	J		***************************************				
OII. WEL (Test must be after red	-			ceed ton allo	wahle for this d	enth or he for full	24 kours Lara			
Date First New Oil Run To Tank	Date of Test	y tour on a must			mp, gas lift, etc.		24 HOURS.			
Length of Test	Tubing Pressu	TO STATE OF THE ST	Casing Pressure		Choke Size	·····				
Long at of Test	Tubing Tresse	ii c	Casing Hessur	Casing Fressure Choke Size						
Actual Prod. During Test	Actual Prod. During Test Oil - Bbls.		Water - Bbls.			Gas - MCF				
GAS WELL			<u></u>			.}		, 0 V		
Actual Prod. Test - MCF/D Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate					
Testing Method (pitot, back pr.)	thod (pitot, back pr.)  Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CER	TIFICATE OF	COMPLIA	ANCE		***************************************		**********			
I hereby certify that the rules and	regulations of the Oil (	Conservation Divisi	ion have	0	IL CONS	FRVATIO	N DIVISI	ON		
been complied with and that the information given above is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION NOV 5 (80.3)			511			
Dung - Dal				Date App	roved		A	***************************************		
Signature Signature			***************************************	By	3.	(1)	د) المستمع بعدولية			
Susan Dolan	***************************************	Production A	Assistant		***************************************		: O 7: 10 20 20			
Printed Name		Title		Title	301	ERVISOR D	STHICT	¢ 3		
1.1/4/93 Data		505-326-951	*******	-				-		
Date		Telephone N	IU.	l						

This form is to be filed in compliance with Rule 1104

2) All sections of this form must be filled out for allowable on new and recompleted wells.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

1) Request for allowable for newly drilled or deepened well must be accompained by tabulation of deviation tests taken in

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 Copies
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 DISTRICT I
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DISTRICT II

OIL CONSERVATION DIVISION
P.O. Box 2088

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 8750004-2088

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.							
Operator Meridian Oil Inc.				Well API No. 30-045-2890	09		
Address P.O. Boy 4280 Far	mington, New Mexico	87400		<b></b>		**********************	
Reason(s) for Filing (Check proper box)	inington, ivew iviexied	0/4//		Other (Please	ernlaini		
New Well	Change in Tr	-					
Recompletion	Oil	Dry Gas	X	Effective Da	ite		
Change in Operator	Casinghead Gas	Condensate	<b>:</b>				
If change of operator give name		•		***************************************	***************************************	***************************************	
and address of previous operator	T T AND TELLOR	***************************************	***************************************		***************************************		
II. DESCRIPTION OF WE	Well No.   Pool Name, Inclu	ding Formation		Kind of Lease		·····	
Shiotani Federal	400 Fulcher Kutz	_	iffe	State Feder	al ar Fee	Lease No. SF-068990	
Location	1 diener Ruz	1 ictared Ci		istato i cuci	ar yet i rec	131-000770	
Unit Letter L Section 8	1630 Feet form the Township 29 North	South	Line and 12 West	.NMPM,	Feet From The	***********	Line
	RANSPORTER OF O	Range	***************************************	<del></del>	***************************************	San Juan	County
Name of Authorized Transporter of Oil	or Condensate		<del></del>		-1		
Meridian Oil Inc.	or Condensate	X	Address (Give address to which approved copy of this form to be sent) P.O. Box 4289, Farmington, New Mexico 87499				
Name of Authorized Transporter of Casinghea	ad Gas or Dry Gas				ch approved copy		
El Paso Natural Gas Company		X	,		ngton, New M		
If well produces oil or	l Unit   Sec.	i Twp.	Rge.	Is gas actually		When ?	
liquids, give location of tanks.	;L			1 -			
If this production is commingled with that from	m any other lease or pool, give com	mingling order	number:	************	R-9881	·	<del></del>
IV. COMPLETION DATA							
	Oil Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)   Date Spudded   Date Compl. R	l l	IT-1-I D-16	į.	1	1	1	
Date Compi. R	leady to Frod.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations	<u> </u>	***************************************	<u> </u>		Depth Casing Sho	·····	<del></del>
	TUBING, CASING	AND CEN	IENTING	RECORD	Deput Casting Site	JC	***************************************
HOLE SIZE	CASING & TUBING			DEPTH SET	r s		ACKS CEMENT
						STORE CHARLET	
		***************************************		***************************************	***************************************		
V. TEST DATA AND REQ	UEST FOR ALLOWA	ABLE	***************************************	***************************************			***************************************
OIL WEL (Test must be after recovery of	of total volume of load oil & must b	e equal to or ex	ceed top allo	wable for this de	oth or be for full	H hours 30 gr	pa (1) the
Date First New Oil Run To Tank	Date of Test			mp, gas lift, etc.)			Contract of the contract of th
Length of Test	Tubing Pressure			7.51-11-5-		***************************************	·
Length of Test	Tubuig Fressure	Casing Pressure		Choke Size		NOV 51993	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		<b>4</b>	Gas - MCF		
GAS WELL		<u></u>		***************************************	Wag.+ 3 ′;	12 (12 (12 (12 (12 (12 (12 (12 (12 (12 (	······································
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Cond		lensate	
	***************************************					,	
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	CATE OF COMPLIA	NCE	T		<u> </u>		***************************************
I hereby certify that the rules and regulat			0	II. CONSI	FRVATIO	N DIVISIO	N
been complied with and that the informat	OIL CONSERVATION DIVISION				<b>/1</b> 1		
best of my knowledge and belief.		NOV 5 1993 Date Approved					
Dungahlalan			Dute App				<u></u>
Signature			By		( المندا	3/4 <b>~/</b>	
Susan Dolan Production Assistant			_ آ		JPERVISOR	DISTOICE	
Printed Name Title			Title	J.		DISTRICT	F 3
11/4/93	505-326-9510						
Date	Telephone No	0.					

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