Submit 5 Corbes
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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	TO TRAI	NSPORT OIL	AND NA	TURAL GA						
Operator				Well API No.						
Meridian Oil Inc.				30-039-24393						
Address	Zarminaton NTA	wr 27/100								
PO Box 4289, F Rescons) for Filing (Check proper box		1 0/477	Oth	et (Please expla	gir)					
New Well		Estasporter of:								
Recompletion		Dry Gas 🔲								
Change in Operator 🗵	Casinghead Gas 🔲 (Condensate						•		
If change of operator give name	No.		12 1							
and address of previous operator		<u> </u>	1							
IL DESCRIPTION OF WEL		Pool Name, includi	F		Vind.	d Lease	ī	case No.		
Lease Name	202	Basin F	•	nd Coal		Federal or Fee	_	78771		
Rosa Unit	1202	Dasin I	<u>rurciai</u>	<u>id COal</u>			_ DI - (70771		
Unit Letter N	. 965	Feet From The S	outh Line	and	1470	et Error The	West	Line		
Unit Liner	··	rea riou ille		. 444	14	er thom the —				
Section 23 Town	antip 31N 1	Range 6W	, NI	IPM, R	<u>io Arr</u>	iba		County		
III. DESIGNATION OF TRA Name of Authorized Transporter of Oi				e address to wi	hich annemed	come of this fo	rm is in he e	ent)		
Meridian Oil I	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 Ca		or Dry Gas 🔯								
Northwest Pipeline			Address (Give address to which approved copy of this form is to be sent) 3539 E. 30th. Farmington. NM 87401							
If well produces ou or liquids,		Twp. Rge.	is gas actually		When					
give location of tanks.	N 1 23	31 6								
If this production is commingled with the	hat from any other lease or po	ooi, give commingi	ing order numi	xer:						
IV. COMPLETION DATA	Oil Well	Gas Well	Non Wall	Workover	Deepen	Plug Back	Sama Pas'u	Diff Res'v		
Designate Type of Completic		Gas well	I MEM METT	WORDVE	Dechen	i Ling Dece i	Satise Kes v			
Date Spudded		Date Compl. Ready to Prod.			Total Depth P.B.T.D.					
05-21-90	06-15-	06-15-90			3062'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	Name of Producing Formation			Top Oil/Gas Pay Tubing Depth					
6235'GL Fruitland Coal			2890 3030 Depth Casing Shoe							
Perforations						Depth Casing	Shoe			
2890-2930 ' , 30)19-60' (pred)	rilled li	ner) CEMENTII	NG RECOR	D					
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
12 1/4"	9 5/8"			1 !		189 CU ft				
8 3/4"	7"	Y		3 !		868 cu.ft.				
6 1/4"	5_1/2"	5 1/2"			3062'			-did not cmt		
	2 3/8"		3030) !						
V. TEST DATA AND REQU	EST FOR ALLOWA er recovery of total volume of		he equal to on	exceed ton all	owable for thi	s depth or he fo	or full 24 hos	ers.)		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	y toda ou ana masi		shod (Flow, pr			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				MERFIVED						
Length of Test	Tubing Pressure		Casing Press	ne V	(A) (B) (c)	Choke Sike				
				11/13	H T T 10	Das- MCF				
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	JU	L1 1 15	Uar- MCF				
			<u> </u>	O	CON.	DIV.				
GAS WELL			180. C 1	Topf 1 da	DIST. 3	Gravity of C				
Actual Prod. Test - MCF/D	Length of Test		Bbis. Conden	MMCP	MIGHT 8	Gravity of C	Officerpays			
Testing Method (pilot, back pr.)	Tuhing Processes (Chie	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
backpressure		SI 805		SI 1520						
VL OPERATOR CERTIF					.=					
				DIL CON	ISERV	ATION [DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			Date ApprovedJ			JUL 3 1 1990				
is true and complete to the best of my knowledge and belief.						JUL 9				
1 Land K	Sant on			• •		、 .=	Λ	,		
Sugge M	adfull		By_		3	<u> ハ) </u>	Thread			
Significant Peggy Bradfiel	ıd Reg. <i>I</i>	Affairs			SUPE	RVISOR	OISTRIC'	T #2		
Printed Name		Title	Title					1 73		
7-10-90	326-9	9 / 0 0								

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.