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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

DISTRICT II
P.O. Drawer DD, Artesia, NM §8210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TR	<u>ANSP</u>	ORT O	L AND NA	TURAL C	SAS	ર્યું			
Operator Meridian Oil Inc.								I API No.			
Address		<del></del>								-	
P. O. Box 4289, Farm	nington,	NM 87	7499		<del></del>		<del></del> .		:		
New Well	~/	Change is	n Transp	orter of:	Ot	het (Please exp	plain)				
Recompletion	Oil		Dry G								
Change in Operator	Casinghe	sad Gas	Conde	nate 🗌							
If change of operator give name and address of previous operator	· · · · · · · · · · · · · · · · · · ·										
II. DESCRIPTION OF WEL	L AND LE	EASE							_		
Lesse Name Seymour		Well No. Pool Name, Inclu				_				Lease No.	
Location		10   Sedro Canyon Fruitland					SOM	e, Federal or Fe	SF078	8605	
Unit Letter K	:	1660	_ Feet Fr	om The	South Lin	e and1	794	Feet From The	Wes	t Line	
Section 23 Town	ship	31N	Range		N.J	<b>мрм</b> , S	an Juan			County	
III. DESIGNATION OF TRA	INSPORTI	ER OF O	IL AN	D NATU	RAL GAS						
Terms of Authorized Transporter of Off		or Conde	a state	_X	Address (Gin			ed copy of this f		rent)	
Meridian Oil Inc.  Name of Authorized Transporter of Car	A Audi Control of the				P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)						
Meridian Oil Inct		ighead Gas or Dry Gas 💢			P. O. F	= <i>aaaress to w</i> 30x 4289	<i>men appro</i> w . Farmi	d copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.			Whe		1 67495	<del>]</del>	
If this production is commingled with th	at from any of	her lease or	Pool civ		line and an array						
IV. COMPLETION DATA		DEL TORRE UI	poor, grv	e community	ing order num	DET:		<del></del>			
Designate Type of Completion	n - (X)	Oil Well	(	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.	<u></u> -	Total Depth	l	<u> </u>	P.B.T.D.	<u> </u>	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	rmation		Top Oil/Gas	Pay		Tubing Dept	h		
Perforations											
								Depth Casing	g Shoe		
	TUBING, CASING				CEMENTI	NG RECOR	D	1			
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
										<del></del>	
V. TEST DATA AND REQUI	FST FOR A	LLOWA	DIE	·							
OIL WELL (Test must be after				il and must	be equal to or	exceed top allo	owable for th	is depth or be fa	or full 24 hour	re )	
OIL WELL (Test must be after recovery of total volume of load oil and must be after recovery of load oil and must be after recover					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pre	1917			Casing Pressu			Cho	7 0 0	4 0 65	
	100.00	Tuoling Fressure			Caming Pleasant			MAY1 4 1992			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas-MCF OIL CON			
GAS WELL			<del></del>						2001	<del></del>	
Actual Prod. Test - MCF/D	Length of	Cest			Bbls. Condens	ate/MMCF	· · _ ·	Gravity of Co	ondensate		
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
			_							•	
VI. OPERATOR CERTIFIC	CATE OF	COMPI	LIAN	CE		MI COM	ISEDV	ATION	W//O/O		
I hereby certify that the rules and regu- Division have been complied with and	d that the inform	mation give	ation n above		١		IOERV.	ATION [	NAIRIO	PIN	
is true and complete to the best of my	knowledge an	d belief.			Date	Approved	d _ M	AY .1.4.	1992		
Beslu Ki	ahun	211				- F- F- 5 + 5 +		MAT 14	1332		
Signature Leslie Kahwajy Production Analyst					Ву						
Printed Name	Produc		ina i y: Title	ST.	<b>T</b> 2.1 -		سنده	$L_{1}$	work!		
5/6/92 Date	<u> 505-32</u>	<u> 26-9700</u>	)		Title_	·	SUPER	IVISOR DI	STRICT	13	
1-110		Teleni	hone No.	. 1	i						

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.