STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	41-40		
DISTRIBUTE	OM		
SAMYA FE			
FILE			
V.S.G.S.			
LAND OFFICE			
TRAMSPORTER	OIL		
	GAS		
OPERATOR	ERATOR		
PROBATION OF	HC E		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NAT

I. AUTHORIZATION TO T	RANSPORT OIL AND NATURAL GAS
Operator Meridian Oil Inc.	1863 3 11/1
PO Box 4289, Farmington, NM 87	199
Resson(s) for filing (Check proper box)	Other (Please explain)
A New Well Change in Transporter of: Recompletion OII	Dry Gas
Change in Ownership Casinghead Gas	Condensate
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	diag Formation
	<u> </u>
Location Control	/3/3
Unit Letter U : , 90 Feet From The SOILLI	Line and Lasti Feet From the RASI
Line of Section 25 Township 30N Ran	11W NMPM, San Juan County
	URAL GAS Aggress (Give address to which giproted copy of this form is to be sent)
Meridian Oil Inc.	PO Box 4289 Farmington NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas (El Paso Natural Gas Company	PO Box 4990, Farmington, NM 87499
If well produces oil or liquids Unit Sec. Twp. 8 give location of tanks.	qe. Is gas actually connected? When 11W
If this production is commingled with that from any other lesse of	pool, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division here complied with and that the information given is true and complete to the	h have APPROVED
my knowledge and belief.	BY Original Igned by FRANK T CHAVEZ
	TITLE
Sean a loak	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despense
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.
January 4, 1987	Fill out only Sections 1, II III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Change of ownership give name and address of previous owner. DESCRIPTION OF WELL AND LEASE	Separate Forms C-104 must be filed for each pool in multiply completed wells.

Designate Type of Comp	letion - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Res	
Date Spudded	Date Compl. Ready to P	rod.	Total Depth	1 _	<u> </u>	P.B.T.D.			
2-16-87	12-27-87	12-27-87		5153'			5092'		
Elevetions (DF, RKB, RT, GR, e	Name of Producing Form	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
5981'GL	Mesa Verde		4144'			5011	5011'		
Perforations 4144,4332,4						Depth Cast	ng Shoe		
1645,4697,4702,4708,4	4716,4719,4724,4729	,4732,47	36,4741,4	4745,476	7,4770,	5153	1		
,477 , 477 9 ,4789,4808	4844,4888, TUBING,	CASING, AN	D CEMENTI	G RECOR	4898.4	905.4910	4916.493	4 4957	
HOLE SIZE	CASING & TUBI			DEPTH SE		SA	SACKS CEMENT 5001		
12 1/4"	9 5/8"		231			130 cı	130 cu.ft.		
8 3/4"	7"		2722'				476 cu.ft.		
6 1/4"	4 1/2"		5153'			452 CI			
	2 3/8"		5011'						
. TEST DATA AND REQU	EST FOR ALLOWABLE	Test must be a lible for this di	fter recovery (of total volum full 24 hours	e of load oil	and must be e	qual to or exc	eed top all	
Date First New Oil Run To Tanks	Date of Test		Producing N	setned (Flow,	pump, gas i	ift, etc.j			
Length of Test	Tubing Pressure	···-	Casing Pressure		Choke Size	Choke Size			
Actual Prod. During Test	Oil-Bhis.		Water - Bbie.		41	Gas - MCF			
AS WELL			<u> </u>	· · · · · · · · · · · · · · · · · · ·					
Actual Prod. Test-MCF/D	Length of Test	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
4181	3 hrs		-			<u> </u>			
Teeting Method (pitot, back pr.)	Tubing Pressure (Shat-	is)	Casing Pres	ewe (Shut-	(a)	Choke Size			

1072

765