

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1  
OIL CONSERVATION DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc.		
Address P.O. Box 4289, Farmington, NM 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name King	Well No. 200	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, (Federal) or Fee	Lease No. SF-078207
Location Unit Letter <u>A</u> : <u>970</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>22</u> Township <u>30 North</u> Range <u>10 West</u> , NMPM, <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.	P.O. Box 4289, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P.O. Box 4289, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>22</u>
	Twp. <u>30N</u>	Rge. <u>10W</u>
Is gas actually connected?		When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature)

Regulatory Affairs  
(Title)

January 3, 1989  
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 10 1989, 19\_\_\_\_\_  
Original Signed by CHARLES GHOLSON  
BY \_\_\_\_\_

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviatric tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

#### IV. COMPLETION DATA

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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 10-14-88		Date Compl. Ready to Prod. 10-30-88		Total Depth 2969'		P.B.T.D. 2951'			
Elevations (DF, RKB, RT, GR, etc.) 6321' GL		Name of Producing Formation Basin Frt. Coal		Top Oil/Gas Pay 2788'		Tubing Depth 2942'			
Perforations 2788'-2802', 2806'-13', 2818'-22', 2827'-35', 2861'-63', 2872'-82', 2886'-88', 2/SPE.						Depth Casing Shoe 2969'			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	9 5/8"	223'	177 cf
8 3/4"	7"	2765'	898 cf
6 1/4"	4 1/2"	2969'	118 cf
	2 3/8"	2942'	-----

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	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 (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) SI-189	Casing Pressure (Shut-in) SI-470	Choke Size