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Appropriate District Office
DISTRICT I
P.O. Box 1940, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions
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OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1009 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.		Well API No. 30-045-27492
Address P.O. Box 4289, Farmington, N.M. 87499		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Operator ☒	Casinghead Gas ☐	Condensate ☐
If change of operator give name and address of previous operator Amoco Production Co. P.O. Box 800, Denver, Co. 80201		

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9 Unit	Well No. 101	Pool Name, including Formation Blanco Pictured Cliffs Ext.	Kind of Lease State, Federal or Fee	Lease No. SF-078438
Location Unit Letter <u>E</u> : <u>1710'</u> Feet From The <u>North</u> Line and <u>1120'</u> Feet From The <u>West</u> Line Section <u>8</u> Township <u>31N</u> Range <u>9W</u> , <u>NMPM</u> San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farm. N.M. 87499	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farm. N.M. 87499	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>8</u> Twp. <u>31N</u> Rge. <u>9W</u>	Is gas actually connected? <u>No</u> When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y	Diff Res'y
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed hp allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Gas - MCF	

OIL CON. DIV.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

Leslie Kahwajy
Signature
Printed Name Leslie D. Kahwajy Reg. Affairs
Date January 26, 1990 Telephone No. 505-326-9751

OIL CONSERVATION DIVISION

JAN 31 1990

Date Approved

By

Brian D. Chang
SUPERVISOR DISTRICT #3

Title

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.