UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells	
1. Type of Well GAS	5. Lease Number SF-0785096. If Indian, All.or Tribe Name7. Unit Agreement Name
 Name of Operator Meridian Oil Inc. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505)326-97 Location of Well, Footage, Sec, T, R, M. 790'S, 790'W Sec.5, T-31-N, R-9-W, NMPM 	San Juan 32-9 Unit 8. Well Name & Number San Juan 32-9 Unit #253 9. API Well No. 10.Field and Pool
Notice of Intent Abandonment Recompletion X Subsequent Report Plugging Bac Casing Repai	e of Action Change of Plans New Construction Non-Routine Fracturing
13. Describe Proposed or Completed Operations	
O7-17-90 Ran CBL. Shot 2 squeeze holes @ 27 3100'. Cmt'd w/110 sx Class "B" w cu.ft.). Displaced w/23 BW. Shot 2 w/RTTS pkr set @ 400'. Cmt'd w/128 chloride (151 cu.ft.). Left 1 bbl pkr. TOOH.	7/2% calcium chloride (130 2 squeeze holes @ 510'. TIH 3 sx Class "B" w/2% calcium
DESE	VE D
SEP 2 4 19	9 90 - 📆 - 1985 - 198
OIL CON.	and the second of the second o
14. I hereby certify that the foregoing is to Signed Madhiel Title Regulate	crue and correct ory Affairs Date <u>8-17-9</u> 0
(This space for Federal or State office use)	ACCEPTED FOR RECORD
APPROVED BY TITLE _ CONDITION OF APPROVAL, IF ANY:	SEP 13 1990
	FARMINGTON RESOURCE AREA

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Rescurces Department

Form C-104
Reviews 1-1-29
See Instructions
at Retirm of Page

DISTRICT II P.O. Drawer DD, Artesia, NM \$2210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088 DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Meridian Oil Inc. Address P. O. Box 4289, Farmington, NM 87499 Reason(s) for Filing (Check proper box) Other (Please explain) New Well ge in Transporter of: Dry Gas Effective 10/1/91 Oil Change in Operator Casing Conden If change of operator give name and address of previous operator IL DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation 253 | Basin Fruitland Coal Kind of Lease Lesse No. San Juan 32-9 Unit State, Federal or Fee SF-078509 Location __:__790 790 Unit Letter Foot From The South Mest Tine and Feet From The Line Section 5 Township 31N San Juan 9W Rance . NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent)
P. O. Box 4289, Farmington, NM 87499 or Condensate X Meridian Oil Inc. Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas 💢 MOI P. O. Box 4289, Farmington, NM 87499 If well produces ou or liquids, Unit Twp Sec Rgs. | Is gas actually connected? When? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover | Deepen | Plug Back Same Res'v | Diff Res'v Designate Type of Completion - (X) Date Soudded Total Denth Date Compi. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Too Oil/Gas Pav Name of Producing Formation **Tubing Depth** Performons 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 be equal to or exceed top allowable for this depth or be for full 24 hours.)
Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Length of Test **Tubing Pressure** MCFJUN Actual Prod. During Test ater - Bbls. Oil - Bbls 5 1991 OIL CON. DIV. GAS WELL olle@OnkeDIV. Actual Prod. Test - MCF/D Gravity of Company 3 Length of Test Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservati Division have been complied with and that the information JUL 1 1 1991 Date Approved _ By_ signatura eslie Kahwajy on Analyst Product

INSTRUCTIONS: This form is so be filed in compliance with Bule 1104

id Na

6/3/91 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

SUPERVISOR DISTRICT #3

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

505-326-9700

Title

- 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.