

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

## OIL CONSERVATION DIVISION

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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Meridian Oil Inc. Well API No. 30-045-27992

Address PO Box 4289, Farmington, NM 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 \_\_\_\_\_

### II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                           |                        |                                                               |                                        |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------|----------------------------------------|-------------------------------|
| Lease Name<br><u>San Juan 32-9 Unit</u>                                                                                                                                                                                   | Well No.<br><u>264</u> | Pool Name, including Formation<br><u>Basin Fruitland Coal</u> | Kind of Lease<br>State, Federal or Fee | Lease No.<br><u>SF-078386</u> |
| Location<br>Unit Letter <u>H</u> : <u>2065</u> Feet From The <u>North</u> Line and <u>1015</u> Feet From The <u>East</u> Line<br>Section <u>17</u> Township <u>31</u> Range <u>9</u> , <u>NMPM</u> <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"/><br><u>Meridian Oil Inc.</u>         | Address (Give address to which approved copy of this form is to be sent)<br><u>PO Box 4289, Farmington, NM 87499</u>       |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br><u>Meridian Oil Inc.</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>PO Box 4289, Farmington, NM 87499</u>       |
| If well produces oil or liquids, give location of tanks.                                                                                             | Unit <u>H</u> Sec. <u>17</u> Twp. <u>31</u> Rge. <u>9</u> Is gas actually connected? <input type="checkbox"/> 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'v | Diff Res'v |
|                                                       |                                                      | <u>X</u> | <u>X</u>                        |          |                              |           |            |            |
| Date Spudded<br><u>11-18-90</u>                       | Date Compl. Ready to Prod.<br><u>3-3-91</u>          |          | Total Depth<br><u>3317'</u>     |          | P.B.T.D.                     |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.)<br><u>6574' GL</u> | Name of Producing Formation<br><u>Fruitland Coal</u> |          | Top Oil/Gas Pay<br><u>3230'</u> |          | Tubing Depth<br><u>3304'</u> |           |            |            |
| Perforations<br><u>3230-3316' (predrilled liner)</u>  |                                                      |          |                                 |          | Depth Casing Shoe            |           |            |            |

### TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE      | CASING & TUBING SIZE | DEPTH SET    | SACKS CEMENT       |
|----------------|----------------------|--------------|--------------------|
| <u>12 1/4"</u> | <u>9 5/8"</u>        | <u>230'</u>  | <u>189 cu.ft.</u>  |
| <u>8 3/4"</u>  | <u>7"</u>            | <u>3219'</u> | <u>1092 cu.ft.</u> |
| <u>6 1/4"</u>  | <u>5 1/2"</u>        | <u>3317'</u> | <u>did not cmt</u> |
|                | <u>2 3/8"</u>        | <u>3304'</u> |                    |

### 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 top 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 | Casing Pressure                               |
|                                |                 |                                               |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 |
|                                |                 |                                               |

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### GAS WELL

|                                                         |                                             |                                             |            |
|---------------------------------------------------------|---------------------------------------------|---------------------------------------------|------------|
| Actual Prod. Test - MCF/D                               | Length of Test                              | Bbls. Condensate/MMCF                       | Choke Size |
|                                                         |                                             |                                             |            |
| Testing Method (pilot, back pr.)<br><u>backpressure</u> | Tubing Pressure (Shut-in)<br><u>SI 1362</u> | Casing Pressure (Shut-in)<br><u>SI 1361</u> | 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.

Signature Percy Bradfield  
Printed Name Percy Bradfield Reg. Affairs  
3-26-91 Title  
Date 3-26-91 Telephone No. 326-9700

### OIL CONSERVATION DIVISION

APR 26 1991

Date Approved \_\_\_\_\_

By Barry 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.