

DISTRICT II
 P.O. Drawer DD, Artesa, 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. 30-045-28093

Address: PO Box 4289, Farmington, NM 87499

Reasons for Filing (Check proper box): New Well Other (Please explain)

Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate

Change in Operator:

If change of operator give name and address of previous operator: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Seymour</u>	Well No. <u>722</u>	Pool Name, including Formation <u>Basin Fruitland Coal</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF-078505</u>
Location				
Unit Letter <u>L</u>	: <u>1415</u>	Feet From The <u>South</u> Line and	<u>915</u>	Feet From The <u>West</u> Line
Section <u>24</u>	Township <u>31</u>	Range <u>9</u>	<u>NMPM</u>	San Juan 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"/>	<u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	<u>Meridian Oil Inc.</u>	<u>PO Box 4289, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit <u>L</u> Sec. <u>24</u> Twp. <u>31</u> Rgs. <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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>9-29-90</u>	Date Compl. Ready to Prod. <u>03-7-91</u>	Total Depth <u>2956'</u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <u>6151' GL</u>	Name of Producing Formation <u>Fruitland Coal</u>	Top Oil/Gas Pay <u>2707'</u>		Tubing Depth <u>2930'</u>				
Perforations <u>2707-2954' (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>227'</u>		<u>189 cu.ft.</u>				
<u>8 3/4"</u>	<u>7"</u>	<u>2717'</u>		<u>968 cu.ft.</u>				
<u>6 1/4"</u>	<u>5 1/2"</u>	<u>2956'</u>		<u>did not cmt</u>				
	<u>2 3/8"</u>	<u>2930'</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.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF
Testing Method (pvt. back pr.) <u>backpressure</u>	Tubing Pressure (Shut-in) <u>SI 1425</u>	Casing Pressure (Shut-in) <u>SI 1397</u>

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.

Derry Bradford
 Signature
Derry Bradford Reg. Affairs
 Printed Name Title
3-22-91 326-9700
 Date Telephone No.

OIL CONSERVATION DIVISION

APR 26 1991

Date Approved _____
 By Brian J. Chang
 Title SUPERVISOR DISTRICT #3

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.