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 Approved District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240
 DISTRICT II
 P.O. Drawer DD, Azusa, NM 88210
 DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

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

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

I. OPERATOR

Operator: Meridian Oil Inc. Well API No. 30-045-28353

Address: PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box):
 New Well Other (Please explain)
 Recompletion Change in Transporter of:
 Change in Operator Oil Dry Gas
 Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Quinn	Well No. 340	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State (Federal) or Fee	Lease No. SF-078511
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Location:
 Unit Letter: A : 1120 Feet From The North Line and 860 Feet From The East Line
 Section 20 Township 31N Range 08W, NMPM, 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): PO Box 4289, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas or Dry Gas
 Meridian Oil Inc. Address (Give address to which approved copy of this form is to be sent): P.O. Box 4289, Farmington, NM 87499

If well produces oil or liquids, give location of tanks: _____ Unit: A Sec: 20 Twp: 31N Rgn: 08W Is gas actually condensed? _____ 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
		X	X					

Date Spudded: 11/04/90 Date Compl. Ready to Prod.: 11/29/90 Total Depth: 3410' P.B.T.D.: _____

Elevations (DF, RKB, RT, GR, etc.): 6539' GL Name of Producing Formation: Fruitland Coal Top Oil/Gas Pay: 3208' Tubing Depth: 3351'

Performances: 3208-88', 3324-3407' (pre-perforated liner) Depth Casing Shoe: _____

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	220'	189 cu.ft.
8 3/4"	7"	3173'	1073 cu.ft.
6 1/4"	5 1/2"	3407'	Did Not Cement
	2 7/8", 3 1/2"	3351'	

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/D	Gravity of Condensate
Testing Method (press. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
backpressure	SI 1452	SI 1450	

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 correct to the best of my knowledge and belief.

Signature: Deacy Bradfield
 Printed Name: Deacy Bradfield Reg. Affairs
 Phone: 12-28-90 Title: 326-9700
 Date: _____ Telephone No.: _____

OIL CONSERVATION DIVISION

Date Approved: FEB 11 1991

By: Original Signed by FRANK T. CHAVEZ

Title: SUPERVISOR DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out entire Sections I, II, III, and VI for absence of operator, well status or number, transporter or other such changes.