

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.		Well API No.
Address PO Box 4289, Farmington, NM 87499		RECEIVED APR 10 1991 OIL CON. DIV. DIST. 3
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 Atlantic D Com A	Well No. 2	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. B-10400-1
Location Unit Letter <u>H</u> : <u>1776</u> Feet From The <u>North</u> Line and <u>1114</u> Feet From The <u>East</u> Line Section <u>36</u> Township <u>31N</u> Range <u>10W</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) PO Box 4289, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 36	Twp. 31N	Rge. 10W	Is gas actually connected? ☐	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		X
Date Spudded 4-25-53	Date Compl. Ready to Prod. 3-14-91		Total Depth 5830'		P.B.T.D. 3488'			
Elevations (DF, RKB, RT, GR, etc.) 6634' GR	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3396'		Tubing Depth 3465'			
Perforations 3396-3404', 3408-22', 3426-31', 3455-68' w/2 spf					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	9 5/8"	175' 11/16	125 sx 150
	7"	4991'	300 sx
	2 3/8"	3465'	

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 987	Length of Test 3 hrs	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pucc, back pr.) backpressure	Tubing Pressure (Shut-in) SI 190	Casing Pressure (Shut-in) SI 338	Choke Size 3/4"

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
Peggy Bradfield
Printed Name
4-9-91
Date
Reg. Affairs
Title
326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 10 1991
By Original Signed by FRANK T. CHAVEZ
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.