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

State of New Mexico Energy, Minerals and Natural Resources Department

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., Aziec, NM 87410		nta Fe, New M	lexico 875	04-2088					
I.	REQUEST FO	OR ALLOWAI	BLE AND	AUTHORI	ZATION				
Operator Meridian Oil,							API No.		
P.O. Box 4289	, Farmington,	New Mexico	87499	· - · · · · · · · · · · · · · · · · · ·	L	<u></u>			
Reason(s) for Filing (Check proper box)	<u></u>			het (Please expl	ain)	··········			
New Well Recompletion	_	Transporter of:							
Change in Operator	Oil	Dry Gas Condensate X	Effect	ivo 11/1	/00				
If change of premier give same				ive 11/1,		10 902			
IL DESCRIPTION OF WELL AND LEASE									
Lesse Name San Juan 32-9 Unit Well No. Pool Name, Includi Blanco Me			ing Formation Kind Sa Verde State			of Lesse USA Jesse No. Federal or Fee SF 078051			
Location D. C. Control D. Control D. C. Control D. C. Control D. C. Control D. C. Control D. Control D. Control D. Control D. C. Control D.									
Unit LetterN	:990	Feet From The	South Li	ne and16	50 Fe	et From The _	WEst	Line	
Section 25 Townshi	ip 32N	Range 10	W , N	IMPM, S	an Juan			County	
III. DESIGNATION OF TRAN	SPORTER OF OI	L AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	onzed Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be zent)				
Meridian Oil Transpor	ian Oil Transportation, Inc.			P.O. Box 4289, Farmington, N.M. 87499					
	ams of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company				Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids.	ell produces oil or liquids.		P.U. B	OX 990. F	armingt When	on. N.M. 87499			
give location of tanks.	N 25	32N 10W		•	i wises	•			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or p	cool, give commingl	ing order num	ber:					
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations									
						Depth Casing	NIOE		
TUBING, CASING AND HOLE SIZE CASING & TURING SIZE									
HOLE SIZE CASING & TUBING SIZE		BING SIZE	DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR ALLOWA	D. E			-				
			he eased to on	aread too allow	umble for this	danth an ha fan	6.11 24 bar	- 1	
The state of the s			be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
ctual Prod. During Test Oil - Bbls.			Water - Bbis.			Gas- MCF			
CAR WITH I						9 7	· ,	, , , , , , ,	
GAS WELL Actual Prod. Test - MCF/D	Length of Test		RNe Condo	mte/MA/TE		Convinue of Can	d	- PIW	
		Bbla. Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-	Casing Pressure (Shut-in)			Choke Size				
A Ouch And Chame	· ·								
I hereby certify that the rules and regular	tions of the Oil Conserva	ition	ا – ح	DIE CON	OEHV#	ט אוטווי	IVISIU		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Data Annessa			00T 3 n 1989			
Kasa Sunt			Date	Date Approved007 3 0 1889					
Peggy Bradfield - Regulatory Affairs			By						
Printed Name Tista			CHERTONICO DIOTORE AA						
10/28/89 (505) 326-9700		Title		- 80 6 60				
	Telepi	home No.	l I			:			

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.