ppropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

Energy, Minerals and Natural Resources Department

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION 1 TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. robucti 30-045-20a83 8020 Dox 800 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of NAme Change Recompletion Dry Gas Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation
29 BIANCO Pictures Lease Name Kind of Lease Lease No. State, Federal er Fee SF078040 Location 1800 Unit Letter Feet From The Feet From The 31N Range NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Address (Give address to which approved copy of this yerm is to be sent) Meridian Oil Inc Name of Authorized Transporter of Casinghead Gas or Dry Gas El PASO P.O. Box 4990 FARMINGTON, NM 87499 NAtural GAS If well produces oil or liquids, Unit Scc. When ? Rgc. Twp. Is gas actually connected? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Fornation Tubing Depth l'erforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Casing Pressure Tubing Pressure Actual Prod. During Test Water - Bbls. Oil - Ithle 9 1991 **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Tubing Pressure (Shut-in) l'esting Method (pitot, back pr.) Casing Pressure (Shut-in) Cloke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. **JUL 1** 6 1991 Date Approved By\_

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

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUPERVISOR DISTRICT

2) All sections of this form must be filled out for allowable on new and recompleted wells.

830.4280

Telephone No

- 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.