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

Energy, Minerals and Natural Resources Department /

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

PISTRICT II P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. TO TRANSPORT OIL AND NATURAL GAS											
Operator	D 1					Well A					
HMOCO Frobuct	oco Production Co.					30	- 045-21024				
Address 0 c h											
P.O. Dox 800 Denver, G 8020 Other (Please explain)											
New Well Change in Transporter of: Recompletion Oil Dry Gas WAME Change -											
Recompletion Dit Dry Gas DAME CHANGE -											
Change in Operator Cusinghead Gas Condensate Mudge LS #39											
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE											
Large Name											
Mudge /A	Mudge /A 39 Blanco Pictures Cliffs State, Federal or Fee SF07804										
Unit Letter F : 1815 Feet From The FNL Line and 1650 Feet From The FWL Line											
Section 10 Township 31N Range 11W , NMPM, SAN JUAN County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Meridian Oil Inc 3535 E. 30+hSt. FARMINATON								tou. WI	n 87401		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which appro							copy of this fi	rm is to be set	u) .		
	1 Paso Natural Gas					P.O. Box 4990 Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec. T	wp. Rgc.	ls gas actual	y connected?	When	<i>i</i>	•			
[fmm any other	l_	ol oive comminut	ing order num							
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)	lou wen	Car well	New Well	Workover	Deepen	Plug Back 	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.		rod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing						
	СЕМЕЙТІ	NG RECOR	D	.!							
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	-						ļ				
	 					• • • • • • • • • • • • • • • • • • • •					
V. TEST DATA AND REQUES	ST FOR A	LLOWAI	RI.E	l			J	•			
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.)									<u>,</u>		
	<u> </u>		·								
Length of Test	Tubing Pressure			Casing Pressure			DA.E. FIAF				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			JUL1 6 1991				
GAS WELL	-L			l				CON	DIV		
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Condensate/MMCF			OIL CON. DIV				
							Gravity of CoiST: 3				
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMPI	IANCE				J		·		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION JUL 1 6 1991						
Division have been complied with and that the information given above				JUL 1 6 1991							
is true and complete to the best of my knowledge and belief.					Date Approved						
h (2 (2) 0					But Approved But Share						
Signature (21)					ll Bu						
D. W. Whaley Staff Admin. Super				SUPERVISOR DISTRICT #3							
Printed Name /	6-1		ille	Title							
7-15-91 Date	(203)	830 · 4 Teleph	ione No.								

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.