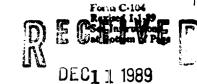
Submit 5 Copies
Aptropriate District Office
DISTRICT 1
P.O. Box 1990, Hobbs, NM \$8240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210 P.O. Box 2088

OIL CONSERVATION DIVISION Santa Fe, New Mexico 87504-2088



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

L,

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV. DIST. 3

Operator						Well A	IPI No.		j	
Meridian Oil, Inc.										
Address P.O. Box 4289, Farm	ington,	New Mex	cico 8749	99						
Reason(s) for Filing (Check proper box)				Oth	t (Please expla	iin)				
New Well		hange in Tran	. —							
Recompletion	Oil Casinghead	∐ Dry C⊶ □ Coo	edentate XX	Effect	ive 11/1	/89				
			··				Co. 8020	71		
and address of previous operatorA			Company	, P.O. E	0X 800,	benver,	CU. 8021	<u> </u>	•	
II. DESCRIPTION OF WELL AND LEASE   Lease Name   Well No.   Pool Name, Including					R Formation Kind of			Lesse FEE Lesse No.		
Lease Name Well No.   Pool Name, Includin San Juan 32-9 Unit Com 84 Arch Nacm						State, Federal or Fee				
Location					<del></del>			<u> </u>		
Unit LetterO	:900	Fee	4 From The _S	outh Lim	and1	460 Fe	et From The	West:	Line	
Section 14 Township	31N	Rai	10W	,N	ирм,	San Jua	n		County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATUI	RAL GAS						
Name of Authorized Transporter of Oil	Address (Giv	Address (Give address to which approved copy of this form is to be sent)								
Meridian Oil Transportation, Inc.					P.O. Box 4289, Farmington, N.M. 87499.  Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing		or!	Dry Gas XX							
<u>El Paso Natural Gas C</u>				P.O. Bo	P.O. Box 990. Farmington, N.					
If well produces oil or liquids, give location of tanks.	Unit   1	Sec.   Tw   14   131	n Kge. IN 10W	is gas actuals	s gas actually connected? When ?					
If this production is commingled with that				ing order num	ber:	1				
IV. COMPLETION DATA										
Designate Type of Completion	- (X)	Oil Well	Gas Weil	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded		. Ready to Pro	xt.	Total Depth	<u> </u>	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations				<u> </u>				Depth Casing Shoe		
Perforations										
	77	IRNG C	ASING AND	CEMENTI	NG RECOR	ID.	_!			
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
Trock ores										
							<del>_</del>			
				ļ						
	1	I I OWA D		<u> </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ST FOR A	LLUWAB	LE land all and much	he equal to o	e exceed top all	owable for th	is depth or be for	full 24 hou	73.)	
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of Tea		oaa ou ana musi	Producing M	ethod (Flow, p	ump, gas lift,	etc.)			
Date Fire New Oil Run 10 1402	Date of 1ea					•••	·			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
				<u> </u>						
GAS WELL										
Actival Prod. Test - MCF/D	Length of	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate		
į							Cata Sina			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	'ATE OF	COMPI	IANCE	7[	<u> </u>		/ATION 0		SM.	
I he eby certify that the rules and regu					OIL CO	NSERV	ATION D	NVISIC	אכ	
Division have been complied with and that the information given above					DEC 11 1989					
is true and complete to the best of my	knowledge at	nd beli <b>ef</b> .		Dat	e Approve	ed	DLU 1	- 1003		
( Kento X.	01	1 1			• •			1	_	
Mysel Walfuld				By.	By Birt Chang					
Peggy Bradfield , Regulatory Affairs					SUPERVISOR DISTRICT #8					
Printed Name	1 <del>2 2 2 1 1 1 1 1</del>		itle	Title	a			5.5 " NI	UI FQ	
	26-9700			''''	-			\ \ \		
Date		Teleph	one 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) Suparate Form C-104 must be filed for each pool in multiply completed wells.