

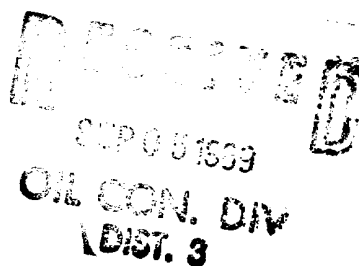
# DEVIATION REPORT

Name of Company <u>Meridian Oil</u>			Address <u>P.O. Box 4289 Farmington, NM 87499</u>		
Lease <u>Sheets</u>	Well No. <u>250</u>	Unit Letter <u>o</u>	Section <u>28</u>	Township <u>031-N</u>	Range <u>009-W</u>
Pool <u>Basin Fruitland Coal</u>			County <u>San Juan</u>		

## Depth (Ft.)

## Deviation (Degrees)

248'	1/4 deg
495'	1 deg
993'	1 deg
1496'	1/2 deg
1998'	1/2 deg
2502'	3/4 deg
2748'	1/4 deg



I, the undersigned, certify that I, acting in my capacity as Petroleum Engineer of Meridian Oil, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and directions and that the facts stated herein are true to the best of my knowledge and belief.

*[Signature]*

Subscribed and sworn to before me this 24th day of July, 1989

*[Signature]*  
Notary Public in and for San Juan County, New Mexico

My Commission expires August 17, 1992

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sheets	Well No. 250	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-080376A
Location Unit Letter O : 1135 Feet From The South Line and 1840 Feet From The East Line Section 28 Township 31N Range 9W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 O	Sec. 28
	Twp. 31N	Rge. 9W
	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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 07-19-89	Date Compl. Ready to Prod. 08-08-89		Total Depth 2993'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6172' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2778'		Tubing Depth 2978'			
Perforations 2778-2817', 2858-2991' (predrilled liner)					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		242'		177 cu.ft.			
8 3/4"	7"		2778'		831 cu.ft.			
6 1/4"	5 1/2"		2992'		did not cmt			
	2 3/8"		2978'					

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) SI 1183	Casing Pressure (Shut-in)	Choke Size

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  
August 31, 1989  
Date  
Reg. Affairs  
Title  
327-9700  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 01 1989

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT III

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.