

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

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

Form C-104  
Revised 1-1-99  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator Meridian Oil Inc.	Well API No. 30-045-27599
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 San Juan 32-9 Unit	Well No. 226	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. E-3150-1
Location				
Unit Letter H	1575	Feet From The North	Line and 1260	Feet From The East
Section 32	Township 32N	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 H	Sec. 32
	Twp. 32	Rge. 9
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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 05-30-90	Date Compl. Ready to Prod. 06-29-90		Total Depth 3558'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6713' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3300'		Tubing Depth 3534'			
Performances 3300-44', 3468-3554' (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"		222'		189 cu. ft.			
8 3/4"	7"		3302'		1115 cu. ft.			
6 1/4"	5 1/2"		3556'		did not cmt			
	2 3/8"		3534'					

**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 greater than allowable test depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pumpjack, etc.)	
Length of Test	Tubing Pressure	Casing Pressure AUG 07 1990	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 706	Casing Pressure (Shut-in) SI 1467	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  
8-6-90  
Title  
326-9700  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **AUG 09 1990**

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

**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.