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 Appropriate District Office  
 DISTRICT I  
 P.O. Box 1900, Hobbs, NM 88240

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-104  
 Revised 1-1-88  
 See Instructions  
 at Bottom of Page

DISTRICT II  
 P.O. Drawer 00, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

**I.**

Operator Meridian Oil Inc.	Well API No. 30-045-27601
Address P.O. Box 4289, Farmington, New Mexico 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. 229	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease (State, Federal or Fee)	Lease No. B-11318-12
Location Unit Letter <u>H</u> : <u>1890</u> Feet From The <u>North</u> Line and <u>1090</u> Feet From The <u>East</u> Line Section <u>36</u> Township <u>33N</u> Range <u>10W</u> , 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)
Meridian Oil Inc.	P.O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	PO Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rgn.   Is gas actually connected?   When?
	H   36   32N   10W

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 4-03-90	Date Compl. Ready to Prod. 04-28-90	Total Depth 3440'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6586' GR	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 3200'	Tubing Depth 3412'					
Perforations 3436-3395', 3332-3287', 3200-3122'							Depth Casing Shoe	

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	402'	378 cu.ft.
8 3/4"	7"	3108'	945 cu.ft.
	5 1/2"	3438'	Uncemented
	2 7/8"	3412'	

**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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

**GAS WELL**

Actual Prod. Test - MCF/D 582	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (post, back pr.) back-pressure	Tubing Pressure (Shut-in) 1409	Casing Pressure (Shut-in) 1386	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.

*Peggy A. Bradfield*  
 Signature  
 Peggy A. Bradfield Regulatory  
 Printed Name  
 5-25-90  
 Date  
 327-9727  
 Telephone No.

**OIL CONSERVATION DIVISION**

MAY 29 1990

Date Approved \_\_\_\_\_  
 By *Bill J. Shoup*  
 Title SUPERVISOR DISTRICT #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 division meter 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 jointly-completed wells.