Abenit 5 Cories Appropries District Office DISTRICT I O. Box 1980, Hobbs, NM 88240

DISTRICT III 000 Rio Brazos Rd., Azzec, NIM 87410

State of New Mexico Energy, Minerais and Natural Resources Department

)ISTRICT II 'O. Drawer DD, Artonia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		Well API No.									
Meridian Oil Inc.					30-045-28031						
Address											
PO Box 4289, Fari	mington.	MM	87499								
Resease(s) for Filing (Check proper son)				Ott	et (Please exp	Navt/					
New Well	Chang	e in Trac	sporter of:						1		
Recompletion	Oil	🔲 Dry	Ges 🛄								
Change in Operator	Casinghead Gas	☐ Com				_					
change of operator give name			 								
ad address of previous operator			 								
L DESCRIPTION OF WELL											
Lease Name	it 271 Pagin R			•					mas No.		
San Juan 32-9 Un	Basin F			ruitland Coal			State (Federal) or Fee SF-0785		0/8513		
Location	2120		c	ou+h	. 79	١.		Wood			
Unit Letter	_:	Foot	Prom The _	Cu th	s and	. U.	_ Feet From Th	West	Line		
18 _	_ 34	_	9			San J	โมลก		_		
Section Townshi	P 25	Ras	<u> </u>	<u>, N</u>	MPM,	Dan o		······································	County		
II. DESIGNATION OF TRAN	SDODTED OF	OTT	ND NATE	DAT CAS							
Name of Authorized Transporter of Oil		OIL A			M address to 1	veice appr	oved copy of thi	form is to be a	emt à		
Meridian Oil Inc			\boxtimes			• • •		•	<i>'</i>		
Name of Authorized Transporter of Casia		or i	ry Gas 🔯				cmingtor over copy of thi				
Meridian Oil Inc								ington, NM 87499			
I well produces ou or liquids.	Unit Sec.	Tw	a Ree		ly connected?		/hea ?	•			
ive location of tanks		Ω	32 0		,	i					
this production is commingled with that		4	_ تر ان ا	ing order man	iber:						
V. COMPLETION DATA	·	•	-	_							
	Oil V	Vell	Gas Well	New Well	Workover	Deep	en Plug Bac	k Same Res'v	Diff Res'v		
Designate Type of Completion			v	L v	1			1			
Date Spudded	Date Compi. Read	-	i.	Total Depth			P.B.T.D.				
9-13-90	10-7-			3642'							
Elevanons (DF. KKB, RT, GR, etc.)	Name of Producing Formation			1 -	Top Oil/Gas Pay 3386'			Tubing Depth 3611.			
6869 GL Fruitland Coal											
Perforations 3386-3513', 3598-3640' (predrilled liner)											
3300-3313 , 3330					NC DECO	200					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
12 1/4"	9 5/8"			304'			283 cu.ft.				
8 3/4"	7"			3410'				1169 cu.ft.			
6 1/4"	5 1/2"			3641'				did not cmt			
	2 3/8"			3611'			<u> </u>	ara noc one			
. TEST DATA AND REQUE			E		-						
IL WELL (Test men be after :	ecovery of total volu	ene of la	ed oil and mus	be squal to o	r cicted lop a	ilovable fo	r this death or i	ne for full 24 hou	erz.)		
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow,	pump, gas i	iift, elc.)				
ength of Test	Tubing Pressure			Casing Press	Casing Pressure			Choke Size			
							Gas- MC				
Actual Frod. During Test	Oil - Bbls.			Water - Bbi	L ,		GES- MC	7			
	<u> </u>			1							
GAS WELL					*	Ta bec	stati e				
Actual Prod. Test - MCF/D	League of Test			Bble. Coade	name MUNCF	100	Gravity o	Condense	-		
								14 V			
esting Method (puet, back pr.)	Tubing Pressure ((m-1242)		Casing Pres	num (Shul-in)	₩ ₹* 3 €5	Châte Si	28			
backpressure	SI 858			SI	850		DI\$ 3				
L OPERATOR CERTIFIC	ATE OF CO	MPLL	ANCE		011 00	NOTE	N/ATION		381		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CO	NOEL	MOITAVE	A DIAIZIO	. אכ		
Divinion have been complied with and that the information gives above				Deta Approved DEC 1 4 1990							
is true and complete to the best of my knowledge and belief.					a Approv	be	DEC 14	1330			
San San and								Λ.			
Leggy Madriel					By 3 Chan						
Peggy Bradfield Reg Affairs					,						
Primed Name	Title	Title SUPERVISOR DISTRICT #3									
11-8-90		-970		III	·						
Date		Telephon	No.		. <u></u>						

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
- 2) All sections of this form smeet be filled out for allowable on new and recomplessed wells.
- 3) Fill out only Sections I. II. III. and VI for changes of operator, well name or tumber, transporter, or other such changes.