

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

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 8750004-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator <b>Meridian Oil Inc.</b>		Well API No. <b>30-045-25117</b>
Address <b>P.O. Box 4289, Farmington, New Mexico 87499</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <b>Effective Date 2-1-94</b>		

If change of operator give name

and address of previous operator **P & P Production Inc., P.O. Box 3178, Midland, Texas 79702-3178**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Federal 35</b>	Well No. <b>43</b>	Pool Name, Including Formation <b>Lybrook Gallup</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>NM 14095</b>
Location Unit Letter <b>I</b> Section <b>35</b> Township <b>2030</b> Feet form the <b>South</b> Line and <b>460</b> Feet From The <b>East</b> Line Range <b>24 North</b> <b>8 West</b> <b>NMPM</b> <b>San Juan</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <b>Meridian Oil Inc</b>	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) <b>P.O. Box 4289, Farmington, NM 87499</b>
Name of Authorized Transporter of Casinghead Gas <b>Bannon Energy Corp.</b>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) <b>3934 FM 1960 West #240, Houston, TX 77068</b>
If well produces oil or liquids, give location of tanks.	Unit <b>I</b> Sec. <b>35</b> Twp. <b>24N</b> Rge. <b>8W</b>	Is gas actually connected? <input type="checkbox"/> 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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
Perforations							Depth Casing Shoe	

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**OIL WELL** (Test must be after recovery of total volume of load oil & 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	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  
**Shannon McMorris**  
Printed Name  
**2/1/94**  
Date  
**Production Assistant**  
Title  
**505-326-9526**  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **FEB 0 2 1994**

By **Supervisor**  
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 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.