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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator							Weil	API No.			
Meridian Oil Inc.							ļ				
Address				_							
PO Box 4289, Farm	ington	, NM	8749	19							
Reason(s) for Filing (Check proper box)		_			Ott	er (Please exp	lain)				
New Well	0"	Change in	Transport	er of:							
Recompletion E	Oii Corinebee	46 [Dry Gas								
If change of operator give name	Casinghee	102	Condense								
and address of previous operator											
IL DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	12 (2 22)		Pool Nam	e, includ	ing Formston			Kind of Leans		Teres No.	
Quitzau		9	Basin Fr		uitland Coal			State, Federal or Fee		NM-04224	
Location		2 3				_		····			
Unit Letter	_ :	/ <u>L</u>	Feet From	The	South Lin		242	eet From The	West	Line	
Samira 11 7	251	NT		814				n Juan			
Section 1 Townsh	ip 231		Range	014	, N	MPM,		II Juan		County	
III. DESIGNATION OF TRAN	SPORTE		II AND	NATT	DAI CAE						
Name of Authorized Transporter of Oil	- CKIE	or Conden		INATU	Address (Gi	e address to w	nich approve	d copy of this f	form in to be a		
Meridian Oil Inc.	لـــا		_		PO Box	4289,	Farmi	ngton,	NM 87	499	
Name of Authorized Transporter of Casinghead Gas or Dry Ga					Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural G	as Comp	pany			PO Box 4990, Farm			ington, NM 87499			
If well produces ou or liquids, give location of tanks.	Sec. Twp. Rge.			Is gas actually connected?			When ?				
	 	11	25	8							
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or	pool, give o	commungi	ing order num	ber:					
TV. COM LETTON DATA		lou w.n		***	1	1			,	_,	
Designate Type of Completion	- (X)	Oil Well	į Gau	weli X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	. Ready to	Prod.		Total Depth	<u> </u>	1	P.B.T.D.			
10-02-55	1	9 - 15-				2663'			2613		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro				Top Oil/Gas	Pay		Tubing Dep	th		
6991'GL	Fruitland Coal 407-09', 2413-15', 2				2376 '			2593'			
Performions 2376-78', 2	407 - 09	24	13-15	, 2	498-250)6',		Depth Casin	g Shoe		
2533-38', 2559-61											
HOLE SIZE	7				CEMENTI	NG RECOR		· · · · · · · · · · · · · · · · · · ·			
THOSE OFF	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
	5 1/2"				2618			100 sx			
	2 3/8"					931					
											
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE				All	70 63 77	. 3 27 7		
OIL WELL Test must be after no			of load oil a	and must	be equal to or	exceed top allo	owable for the	s describe by	br MI A	75.	
ate First New Oil Run To Tank Date of Test					Producing Me	shod (Flow, pu	1111			3	
gth of Test Tubing Pressure					Casing Pressu		Uti	GDE 4 1989			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			OIL GON. DIV			
								DIST. 3			
GAS WELL											
Actual Prod. Test - MCF/D	League of Te	set			Bbls. Conden	MMCF	·	Gravity of C	ondensate		
esting Method (pilot, back pr.)	Tubing Pres	•			Casing Press	en (Shut-in)	-	Choice Size			
backpressure	SI.	TSI			SI	pkr					
L OPERATOR CERTIFIC				E	ے ا		ISEDV	ATION I		A B. F	
I hereby certify that the rules and regula Division been been complied with and a	tions of the O	E Conserve	etico:			JIL CON	IOENV	ALIONI	אופועוט	/N	
Division have been complied with and that the information given above in true and complete to the heat of my knowledge-and belief:						_		EED 9	0 1990		
					Date	Approve	d*	TED &	0 1330		
May Deads	ued				_		_		_/) ``	,	
Peggy Bradfield Reg.Affairs					By_			ب د	- Jan	<i>-</i>	
Printed Name	Re		rairs Title				SUP	ERVISOR	DISTRIC	T 40	
12-13-89	32	26-970			Title.				טותופוט	1 73	
Date	, - <u></u>		home No.	-							
					t						

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.