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 1-1-89
See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Meridian Oil Inc. Southland	30-045-28969

Address: PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box) — Other (Please explain)

New Well [X] — Change in Transporter of:
Recompletion [ ] — Oil [ ] Dry Gas [ ]
Change in Operator [ ] — Casinghead Gas [ ] Condensate [ ]

Water POD 2804883

If change of operator give name and address of previous operator:

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal) or Fee	Lease No.
Whitley A	100	Basin Fruitland Coal		NM-02988

Location: Unit Letter L : 2010 Feet From The South Line and 1090 Feet From The West Line

Section 17 Township 27 Range 11 NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc. 2804881	PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas	**Address (Give address to which approved copy of this form is to be sent)**
El Paso Natural Gas 2804882	PO Box 4990, Farmington, NM 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	L	17	27	11		

If this production is commingled with that from any other lease or pool, give commingling order number: DHC R-9922

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
06-26-93	10-22-93	2099	

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6168'GR	Fruitland Coal	1694	1860

Perforations	Depth Casing Shoe
1694-1816'	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	225'	189 cu.ft.
7 7/8"	4 1/2"	2099'	957 cu.ft.
	2 3/8"	1860'	

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	Choke Size

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF

RECEIVED
DEC 17 1993
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
66 mcfd			

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
backpressure	SI 177	SI 182	

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 Bradfield

Signature

Peggy Bradfield Regulatory Rep.

Printed Name — Title

12-15-93 — 326-9700

Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 23 1993

By Original Signed by CHARLES GHOLSON

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.

Submit 3 Copies to Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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DISTRICT III
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State of New Mexico
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Meridian Oil Inc.	30-045-28969

Address: PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box) — Other (Please explain)

New Well	X	Change in Transporter of:			
Recompletion		Oil		Dry Gas	
Change in Operator		Casinghead Gas		Condensate	

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal) or Fee	Lease No.
Whitley A	100	W.Kutz Pictured Cliffs		NM-02988

Location: Unit Letter L : 2010 Feet From The South Line and 1090 Feet From The West Line

Section 17 Township 27 Range 11 NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas	**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.	Rge.	Is gas actually connected?	When ?
	L	17	27	11		

If this production is commingled with that from any other lease or pool, give commingling order number: DHC R-9922

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
06-26-93	10-22-93	2099	

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6168'GR	Pictured Cliffs	1828'	1860

Perforations	Depth Casing Shoe
1828-1896'	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	225'	189 cu.ft.
7 7/8"	4 1/2"	2099'	957 cu.ft.
	2 3/8"	1860'	

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**	**Choke Size**
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**

RECEIVED
DEC 17 1993
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
492 mcfd			
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
backpressure	SI 177	SI 182	

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 Bradfield
Signature

Peggy Bradfield Regulatory Rep.
Printed Name — Title

12-15-93 — 326-9700
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 21 1993

By Original Signed by CHARLES GHOLSON

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.