Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Berzos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	TO TRA	ANSPORT OIL	AND NATUR	AL GAS						
Operator		<u> </u>	Well A							
Meridian Oil Inc.			30-0				045-			
Address										
PO Box 4289, Far	<u>mington, NM</u>	87499	Other (Plea		-1					
Resson(s) for Filing (Check proper box) New Well	Change is	Transporter of:		or expens	••					
Recompletion	ou \Box	Dry Gas								
Change is Operator	Casinghead Gas	Condenses								
If change of operator give name										
and address of previous operator				-		-	-			
IL DESCRIPTION OF WELL	AND LEASE	-			·					
Losse Name	Well No. Pool Name, Includin		ng Formation		Kind of Lease State, Federal or Fee		NM-03999			
Grambling	720	Basin Fr	cuitland C	oal			-4-7-	.03999		
Location	1 2 2 0		C =	1.3	70 -		_	<u> </u>		
Unit Letteri	_:1330		SouthLine and _		<u>/U</u> Fee	t From The .	- 33	lest_Line		
Section 2.2 Townsh	uin 79N	Range 9W	, NMPM,		San J	uan		County		
III. DESIGNATION OF TRAN			RAL GAS							
Name of Authorized Transporter of Oil	or Conde		Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499							
Meridian Oil Inc. Name of Authorized Transporter of Casis				opy of this form is to be sent)						
El Paso Natural G		or Dry Gas 🔼	PO Box				37499			
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually cons		When		,			
give location of tanks.	L 22	29 3			i					
If this production is commingled with that	from any other lease or	pool, give commingli	ng order number:							
IV. COMPLETION DATA					 .					
Designate Type of Completion	Oil Well			kover	Deepen	Plug Back	Same Res	v Diff Res'v		
Date Spudded	Date Compl. Ready to	X Prod	X Total Depth			P.B.T.D.	<u> </u>			
06-21-89	01-21-30		2110'							
Lievations (DF, RKB, RT, GR, etc.)	Name of Producing F		Top Oil/Gas Pay			Tubing Depth				
5665'GL	Fruitlar	1896'			2095'					
Perforations 1896-98', 1	914-24', 19	004-17½,			Depth Casing Shoe					
2024-39', 2047-49	<u>', 2053-55'</u>	2086-21	02 w/4 sr	o f						
				CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE	9 5/8"		228 1			236 cu.5t.				
12 1/4" 8 3/4"	9 5,8 5 1/2"			2109'			531 cu.ft.			
0 374	2 3/8"		2095	•						
V. TEST DATA AND REQUE										
	recovery of total volume	of load oil and must	be equal to or exceed	top allow	vable for this	depth or be	for full 24 h	OMFS.)		
Date First New Oil Run To Tank	Date of Test		riconcine week)	T T	E I V					
Length of Test	Tubing Pressure	·	Casing Pressure	· · · · · · · · · · · · · · · · · · ·		Choke)——			
				FEB	1 3 199	D				
Actual Prod. During Test	Oil - Bbis.		Water - Bbls.			Gas- MCF				
					ON. I	יאוע.				
GAS WELL				C	DIST. 3					
Actual Prod. Test - MCF/D	Leagth of Test		Bbls. Condensate/M	MCF		Gravity of	Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shu SI 484	Casing Pressure (Sh			Choke Size					
backpressure			31 -70	, 4		<u> </u>				
VL OPERATOR CERTIFIC			OII	CON	SERV	MOITA	DIVIS	ION		
I hereby certify that the rules and regularized bave been complied with and	OIL CONSERVATION DIVISION									
is true and complete to the best of my	Data An	Dec		MR 07	1220					
			Date Ap	DI OVEC			1	,		
Sary Stadliced			By But Sharp							
reggy Bradfield Reg.Affairs			SUPERVISOR DISTRICT #3							
Printed Name		Title	Title		SUPERV	ויסטא טו	SIMUT	73		
2-9-90		6-9700	'''							
Date		lephone No.								

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.