ENGLISH: ABLISHED DISTRICT | P.O. Box 1980, Hobbe, NM \$1240

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Thank Whosias win laborat business to maintain

次を **4.78** poly : 1-1-16.88

see instructions at Bottom of Page

.	TO:	TRANS	SPORT C	IL AND N	TAL	URAL GA						
Operator Meridian Oil In	с.						Wall A	Pl Na.				
Address	Fa same di sa sa d	-or N	IM 0740	10								
PO Box 4289 Research(s) for Filing (Check proper box)	Farmingt	on, N	IM 8749		Other	(Please explai	ia)					
New Well	Char	ego in Tra	naporter of:			, 	7					
Recompletion	Oii		y Ges 🔼									
Change in Operator	Chainghead Gas	. ∐ ∾	odensete [<u> </u>		7.1		-				
If change of operator give same and address of previous operator	 		·				,					
IL DESCRIPTION OF WELL												
Lease Name				uding Formati Fruitl		Coal		(Lease Roderal or Foo	- 1	Lease No. -010468		
Howell J		JU VIII	· · · · · · · · · · · · · · · · · · ·	riulti	and	COal		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1414	010400		
Unit Letter	: 143	5 Po	et Prom The	South	Line	790 ·	Fo	et From The .	West	Line		
Section 3 Township	30N	-	<u> </u>	BW	, NM	PM,	San	Juan		County		
III. DESIGNATION OF TRANS	SPORTER O	F OIL	AND NAT									
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)							
Meridian Oil In Name of Authorized Transporter of Casing			PO Box 4289 Farm Address (Give address to which approved a				nington, NM 87499					
Meridian Oil In						x 4289		nington, NM 87499				
If well produces oil or liquids,	Unit Sec.	•		ge. Is gas ac		connected?	When					
give location of tanks.	}		30N 8V									
If this production is commingled with that f IV. COMPLETION DATA	nom any other lea	sas or poo	a, give conzeni	inging order	aum)				<u>.</u>			
Designate Type of Completion		Well	Gas Well	New W	/ell	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Re	eady to Pa	od.	Total De	pth			P.B.T.D.				
Floridae (DE RER DE CR. 44)	Name of Back	dae Er-	etica	Top Oil	Gas P	24		Tubine De-	<u> </u>			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation									Tubing Depth			
Perforations					Depth Casing Shoe							
	TUBING, CASING AND			ID CEME								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
	 		·									
V TECT DATA AND DECLIES	T FOD ALL	OWAD	I.F				 	1				
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ecovery of total v	iolume of i	rue. load oil and n	nust be equal	lo or	exceed top allo	mable for the	s depth or be	for full 24 h	ours.)		
Date First New Oil Run To Tank Date of Test						thod (Flow, pu						
Location That	Tubing Posses			Casin	ne e		AME	Groke Size				
Length of Test	Tubing Pressur	5		T	끼		H.A. E					
Actual Prod. During Test	Oil - Bbls.			Wate	ffia.		4000	G. MCF				
<i>j</i>	1					AUG 3		1				
GAS WELL			· · · · · · · · · · · · · · · · · · ·	180- 2	A	L-CO1	1. DIV	General of	Condensate	 		
Actual Prod. Test - MCF/D	Length of Test	•		Bois. Co		1 DIST	_	Gravity of				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing	Casing Pressure (Shut-in)				Choke Size			
	<u> </u>					·		<u></u>	 			
VI. OPERATOR CERTIFIC					(DIL CON	ISERV	ATION	DIVIS	ION		
I hereby certify that the rules and regul Division have been complied with and						J.		• • • •				
is true and complete to the best of my			•)ate	Approye	d 2	AUG O	<u>6 1990</u>			
LAN: A	Vahi	ו מו	W			1	11/	211	10			
Signature 9	Juru		7-	- E	Ву_	<u></u>	rentes	The	Ken			
<u>Leslie Kahwaiy</u>	<u>-Prod. Se</u>		upervis	<u>o</u> r		nenima a	Mi v Af	MC-FRIDA	. הוגר ש	3		
Printed Name 07\$190	. (50	•	146 6-9700	ר ון	Title	DEPUTY C	ML & UAS	MOLECTON	* YNI. #	·		
0/-31-90 Date	1 30		0-9700 bose 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.

