

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc.		Well API No. 30-045-28895
Address P.O. Box 4289, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Change of Operator
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Effective Date _____

If change of operator give name
and address of previous operator

Water 2806468

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shiotani Federal	Well No. 500	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State Federal or Fee	Lease No. SF-068990
Location				
Unit Letter H	1700	Feet from the North	Line and 1055	Feet From The East
Section 8	Township 29 North	Range 12 West	NMPM.	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc.	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) P.O. Box 4289, Farmington, New Mexico 87499				
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent) P.O. Box 4990, Farmington, New Mexico 87499				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 8	Twp. 29	Rge. 12	Is gas actually connected?	When ?

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

DHC-901

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	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.

Susan Dolan

Signature
Susan Dolan

Printed Name
11/4/93

Date
11/4/93

Production Assistant

Title

505-326-9510

Telephone No.

OIL CONSERVATION DIVISION

Date Approved
NOV 5 1993

By

[Signature]

Title

SUPERVISOR DISTRICT 13

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.

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			San Juan	County

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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 Susan Dolan	
Printed Name Susan Dolan	Production Assistant
Date 11/4/93	Title 505-326-9510
	Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 5 1993
By [Signature]
Title SUPERVISOR DISTRICT 13

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