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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

RECEIVED

C-104
Rev. 1-1-89
Instructions
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MAR 08 1989

OIL CON. DIV.

DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator: Meridian Oil Inc. Well API No. _____

Address: PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box):
 New Well Other (Please explain) _____
 Recompletion Change in Transporter of:
 Change in Operator Oil Dry Gas
 Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Sunray E Well No.: 220 Pool Name, including Formation: Basin Fruitland Coal Kind of Lease: _____ Lease No.: SF-077730

Location: Unit Letter: SE 1500 Feet From The North Line and 980 Feet From The West Line
 Section: 9 Township: 30N Range: 10W NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Meridian Oil Inc. or Condensate Address (Give address to which approved copy of this form is to be sent): PO Box 4289, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas: El Paso Natural Gas Company or Dry Gas Address (Give address to which approved copy of this form is to be sent): PO Box 4990, Farmington, NM 87499

If well produces oil or liquids, give location of tanks: Unit C Sec. 9 Twp. 30N Rge. 10W Is gas actually connected? _____ When? _____

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

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: 12-05-88	Date Compl. Ready to Prod.: 02-03-89	Total Depth: 2980'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.): 6361' GL	Name of Producing Formation: Fruitland Coal	Top Oil/Gas Pay: 2758'	Tubing Depth: 2953'					
Performances: 2758-68', 2793-2811', 2814-16', 2858-65', 2946-50' w/2 spf							Depth Casing Shoe: 2979'	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8"	230'	177 cu. ft.					
8 3/4"	7"	2979'	1008 cu. ft.					
	2 3/8"	2953'						

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 _____

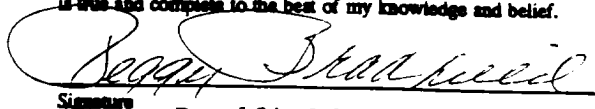
GAS WELL

Actual Prod. Test - MCF/D: _____ Length of Test: _____ Bbls. Condensate/MMCF: _____ Gravity of Condensate: _____

Testing Method (pilot, back pr.): backpressure Tubing Pressure (Shut-in): 325 Casing Pressure (Shut-in): 837 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.


 Signature: _____
 Printed Name: Peggy Bradfield, Regulatory Affairs
 Date: March 7, 1989 Title: _____
 Telephone No.: 326-9727

OIL CONSERVATION DIVISION

Date Approved: AUG 1 1989
 By: _____
 Title: _____

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.