

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator
MERIDIAN OIL INC.

Well API No.

Address
P. O. Box 4289, Farmington, New Mexico 87499

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of: ☐ Other (Please explain)

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Operator ☒ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator

Effect: 6/23/90

Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120

II. DESCRIPTION OF WELL AND AREA

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Description of Well and Lease				
Lease Name PAYNE	Well No. 3A	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF080517
Location				
Unit Letter <u>D</u> : <u>790</u> Feet From The <u>N</u> Line and <u>980</u> Feet From The <u>W</u> Line				
Section <u>20</u>	Township <u>32N</u>	Range <u>10W</u>	NMPM, SAN JUAN	
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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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) P. O. Box 4289, Farmington, NM 87499			
Name of Authorized Transporter of Crude Oil Sunterra Gas Gathering co.		☐ or Dry Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, NM 87125			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgn.	Is gas actually connected?	When ?
If this production is commingled with that from any other location						

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			F.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									

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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 _____ Length of Test _____ Actual Prod. During Test _____			Date of Test _____ Tubing Pressure _____ Oil - Bbls. _____ Water - Bbls. _____			Producing Method (Flow, pump, gas lift, etc.) _____ Casing Pressure _____ Gas - MCF _____ JUL 3 1990		
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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	OIL CON. DIV Gravity of Condensate DIST. 3
Testing Method (pilot, 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 NB 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 Leslie Kahwajy Prod. Serv. Supervisor

Printed Name 6/15/90 Title (505) 326-9700

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved JUL 03 1990

By Brian J. Chang
SUPERVISOR DISTRICT 13

Title _____ SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable expenses

- 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.