enit 5 Copies Propriete Literatus 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, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

,		J TRAN	ISPORT OI	LAND NA	TURAL G				
deridian Oil Inc.						Well	API No.		
PO Box 4289, Fa.	rmi naton		37499		<del></del> ,·		<del></del> _		
secon(s) for Filing (Check proper occ.		, mi	2/433	Oth	t (Please exp		·		
ew Well		hones in T	ransporter of:		a (risess supe	aux,			
ACOSTRICTION	Oil	~~	Ory Ges						
hange in Operator	Casingheed (	_	· —						
change of contain give name						<del></del>			
d address or previous operator		<del></del>							<del></del>
. DESCRIPTION OF WELL	LANDIEAS	:E							
			ool Name, includ	ing Engage		. Kind	of Lease		Lease No.
Stull		.00		ruitla	nd Coal		Federal of Fe	• )	Fee
OCCUPANT /		<del></del>				<u>-</u>			<del></del>
Unit Letter B	. 185	0 .	eet From The	South	17	10 _		Eas	t
<del></del>	<del></del>	<i>:</i>	ear month the —		. 654	r	set From The .		Lin
Section 10 Towns	hip 32N	F	tange 107	√ . Nī	vIPM.	San J	uan		Course
I. DESIGNATION OF TRA	NSPORTER	OF OIL	AND NATU	RAL GAS					
ams or Authorized Transporter of Oil		r Condensa		ł .			copy of this fi		>c sent)
Meridian Oil Inc		_		PO Bo	x 4289	, Farm	ington	, NM	87499
ame or Authorized Transporter of Cas	-		r Dry Gas 🔀	Address (Giv					
El Paso Natural	1			•			ington	<u>, NM</u>	87499
weil produces ou or liquids, ve location of lanks.		•		is gas actuali	y connected?	When	?		
	<u>B</u>		32N   10W			i			
this production is commingled with the COMPLETION DATA	m irom any other	iesse or po	oi, give comming	ing outer mu	er:	·			
: COM ELITON DATA		O3 W-11	- C W-11	N 11/-11	777 - 4		1 ~ ~ .	· <del></del>	
Designate Type of Completion		Oil Well	Gas Weil	New Well	Workover	Deepen	Plug Back	Same Re	s'v Diff Res'v
ale Spudded	Date Compi.	Ready to P		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<u> </u>	<del></del>
05-03-89	•	16-89		'	675 <b>'</b>		r.s.t.D.		
levations (DF, RKB, RT, GR, etc.)	Name of Proc			Top Oil/Gas			Tubing Dep		
5943'GL		land		. 2	539 <b>'</b>		2637		
erforations		Lana	0041	<del>-</del>	-		Depth Casin		
2539-2672'(Predri	lled lir	ner)					2674	1	
			ASING AND	CEMENTI	NG RECOR	D .			
HOLE SIZE	CASI	NG & TUB	ING SIZE		DEPTH SET			SACKS C	EMENT
12 1/4"		5/8"		307 <b>'</b>			286	cu	.ft.
3 3/4"	7"			2494 '			988	cu	.ft.
6 1/4"	5 ]	<u>L/2"                                    </u>		2674			did	not c	mt
		3/8"		2637 <b>'</b>		···			
. TEST DATA AND REQUI									
IL WELL Test must be after		i volume of	load oil and mus					for full 24	hours.)
tate First New Oil Run To Tank	Date of Test			Producing Me	shod (Flow, p	ump, gas iyi, i	uc.)		
Tra				CAS- David		<u></u>	Choke Size		
ength of Test	Tubing Press	ure		Cining Preside	ire .		CHOILE STAFF	,	O 7 4000
ctual Prod. During Test	Oil - Bbls.			Water - Bbis.	· · · · · · · · · · · · · · · · · · ·		Gas- MCF	<u>u un v</u>	071989
come rion During read	Ou - Bois.			Marci - Day		23			ON. DI
						4 18 1	<u> </u>		
GAS WELL					<u> </u>	<u>. ۷ ا س</u>			15T. 3
count Prod. Test - MCF/D	Longsh of Te	4		Bbls. Conden	ANACE S	· }	Gravity of C	Condensate	<b>;</b>
sting Method (past, back pr.)	Tubing Press	15 (Sh	.)	Casing Press.		<del></del>	Choke Size		
backpressure	128		•,	141					
				1			!		
L OPERATOR CERTIFI				(		JCERV	ATION	בוויוכ	NOIS
I hereby certify that the rules and reg Division have been comptled with as						I V	, , , , O, ,	J. 7 IC	// <b>U</b> 11
is true and complete to the best of m									. ** .j
	~			Date	Approve	м			<del></del>
Jan Den	alu c	-/							
Si American	,			By_	0516			g avoor	<del>-</del>
Peggy Bradfield,	_Regulat	ory A	Affairs						
Printed Name		_	itle	Title	<b>८,०५</b> ४	1 o E			
06-06-89	<u>326-</u>	<u>-9727</u>				<del></del>			
Date		Teleph	ione No.	iI .					

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.