Submit 5 Conies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Ir	ng.	<u> </u>			TOTIAL		all API No.			
Address										
PO Box 4289, F Reason(s) for Filing (Check proper)		NM 3749	9							
New Well		es in Transporter o	f.	Out	et (Please expe	air)				
Recompletion	Oil	Dry Gas	.							
Change in Operator	Casinghead Gas	Condensate								
If change of operator give name and address of previous operator									-	
IL DESCRIPTION OF WE										
Allison Unit	Well No. (Pool Name, Inc.)			Fruitland Coal			Kind of Lease State, Federal or Fee		Lease No.	
Location		./ Basi	n F	ruitla	nd Coal	30	ref. Legistri) ot Lee	SF-0	081155	
Unit Letter N	. 930	Feet From Ti	So	uth Lie	e and15	40	Feet From The _	West	t. Line	
Section 21 Tor	waship 32N	Range 6	W	. N	MPM,	San	Juan		County	
III DESIGNATION OF T	PANSBORTED OF					··-			County	
III. DESIGNATION OF TENAME OF Authorized Transporter of C	Oül ⊸— orCo	OIL AND NA	ATU.	RAL GAS Address (Giv	e address to wi	uch appro	rea copy of this fo	rm is to he s		
Meridian Oil I							mington,			
Name of Authorized Transporter of (or Dry Gas	Х	Address (Giv	e aadress 10 wi	uck approv	red copy of this for	m u to be si	ent)	
Northwest Pipel If well produces oil or liquids.							'armingto	n, NM	8740	
give location of tanks.	Unit Sec.	Twp. 32N	rge. 6W	is gas actuali:	y connected?	Wh	en ?			
If this production is commingled with IV. COMPLETION DATA	that from any other lease				ber:	1				
	Oil V	Vell Gas W	eii	New Well	Workover	Docper	Plug Back	Fa B	Diet D	
Designate Type of Complete	tion - (X)	X i		X	, worder	Decipen	i riug back (oame Kes v	Diff Res'v	
Date Spudded	Date Compt. Read	•		Total Depth			P.B.T.D.		L	
06-01-89 Elevanons (DF, RKB, RT, GR, etc.)	06-15-			3.	161'					
6480 GL		Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3071			Tubing Depth 3136 *			
Perforations	1141614	nd coar		۱ ز.	J / L ·		Depth Casing	Shoe		
<u>3071-3159' (pre</u>										
101 5 0175		G. CASING A	ND	CEMENTI		D				
12 1/4"		CASING & TUBING SIZE 9 5/8"		DEPTH SET			SACKS CEMENT			
3 3/4"	7"	3			237 '		177	cu.f	<u>t.</u>	
6 1/4"	5 1/2	5 1/2"			3067' 3160'			1039 cu.ft. did not cmt		
	2 3/8	11	- •		136'		<u>ara n</u>	OL CIII		
V. TEST DATA AND REQU										
OIL WELL Test must be at Date First New Oil Run To Tank	ter recovery of total volu	me of load oil and	must i					r full 24 hou	rs.)	
Date First (sew Oil Kills 10 1888	Date of Test	Date of Test			Producing Method (Flow, pump, gas lift,			n, etc.)		
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	07. 711		!	W Die			C	** .:	<u> </u>	
First During 1684	Oil - Bbls.			Water - Bbls			Gas- MCF		لاند	
GAS WELL								, 	. DIV.	
Actual Prod. Test - MCF/D	d. Test - MCF/D Length of Test			Bbis. Condens	mm/MMCF		Gravity of Co	diam.	3	
backpressure	Tubing Pressure (S			SI 10			Choke Size			
				27 70	-					
VI. OPERATOR CERTIF 1 hereby certify that the rules and re			}	ا ر	II CON	SER\	ATION D	IVISIC	N	
Division have been complied with:	and that the information	eved above							41 1	
is true and complete to the best of t	my knowledge and belief	•		Data	Annrovos	, ,	JUL 14	1989		
Suin Srua	hill			Dalis	Approved Original		by FRANK T. CI	HAVE7		
Signature		v Affaire	-	By	- 9					
Printed Name Title			-	Title						
Date	326 - 97	elephone No.	-							
INSTRUCTIONS: This	from is on he filed in		B	la 1104						

ed 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.