Subsait 5 Copies
Appropriase District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II
P.O. Drawer DD, Astonia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Bezzos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator		10 170	11131	OH! OIL	. AND NA	I ONAL CA		- N			
Meridian Oil Inc.	Well API No. 30-045-27600										
Address							. !				
PO Box 4289, Farmin	naton	NM	8749	39							
Research for Filing (Check proper box)	119 0011	INII	0/1.	<del></del>	0.4	et (Please expl	-i-l		<del></del>		
New Well		Change is	Tone	ann at	👊	er (Lienne exhe	sur,				
Recompletion	Oil		Dry G	_							
Change in Operator	Casinghe	C	Conde	$\overline{}$				·			
If change of operator give same			,					·			
and address of provious operator											
II. DESCRIPTION OF WELL	ANDIE	ACE									
Less Name	AND LE		Pool N	leme includi	ng Formation		Kind	of Lease	1	ess No.	
San Juan 32-9 Unit		228				land Co				50-1	
Location	_	1	1.								
Unit Letter G	. 16	660	East B	n The	orth	13!	50	et From The	East	Line	
			_ rem r	TOM 106				er Promite			
Section 36 Townshi	, 321	1	Range	9W	, N	MPM,	San	Juan		County	
					_						
III. DESIGNATION OF TRAN	SPORT	ER OF O	IL AN	ID NATU							
Name of Authorized Transporter of Oil		or Conde		<del>*</del>	1	e address to wi	• •			•	
Meridian Oil Inc.					<del></del>	ox 4289				37499	
Name of Authorized Transporter of Casia	ghead Gas +	$\overline{\Box}$	or Dry	Ges 🔼	Address (Giv	e address to wi	uck approved	copy of this )	orm is to be s	und)	
	<u></u>	1 -	1=		<u> </u>						
If well produces oil or liquids, give location of traks.	Unsit   G	<b>Sec.</b>   36	1 321		is gas actuali	y connected?	When	. 7			
		<u> </u>			<u> </u>						
If this production is commingled with that:  IV. COMPLETION DATA	mom any ot	her issue of	, boor' &	As commundi	ring outer man	ber:					
IV. COMELETION DATA		Oil Wel	, ,	Gas Weil	New Well	Workover	Deepen	Diva Back	Same Res v	Diff Beels	
Designate Type of Completion	- (X)	I OII MEI	. I	X X	X	i workover	l Dechen	i riug sack	Perme Kez A	Diff Res'v	
Date Spudded	Date Com	ipi. Ready to	o Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	1	_i	
03-25-90	4-9-90				3425'						
Elevanous (DF, RKB, RT, GR, etc.)	Name of I	Name of Producing Formation				op Oil/Gas Pay Tubing Depth			ch:		
6533 <b>'</b>	Fruitland Coal				311	3117' 3383'					
Performaces					•			Depth Casil	g Shoe	·	
3117-58', 3205-337	7 <b>'</b> (p:	redri	lled	liner	)			1			
		TUBING	, CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	Ondito a Topita dias				<u> </u>	OEI III OEI			SACKS CEMENT		
12 1/4"	9 5/8"			310'			283 cu.ft.				
3 3/4"	! /	<u> </u>			3067'			971 cu.ft.			
6 1/4"	5 1/2"			3424'			did not cmt				
V TEET DATA AND DECLE		3/8"	ADIE		338	3'					
V. TEST DATA AND REQUES OIL WELL  Test must be after r						annon de alle	auahla fan thi	a damela an ba	for full 24 hou	<b></b> 1	
OIL WELL (Test must be after r Date First New Oil Rus To Tank	Date of To		oj ioda	ои ала мися	Producing M	ethod (Flow, or	ono. eas like	MC. MO.	20 G GA 4	73./	
	DES 01 1	<b></b>									
Leagth of Test	Tubing Pr	Tubing Pressure				Producing Method (Flow, pump, gas in Casing Pressure					
							R/	A MANG	.₩ 12 <b>0</b> 0		
Actual Prod. During Test	Oil - Bbls				Water - Bbis			GA MER	1000	-	
									OIL CON DIV.		
GAS WELL							•	Sir Co	21 % 27 %	•	
Actual Prod. Test - MCF/D	Leagth of	Test			Bbis. Conde		Gravity of Condensate				
7 72									م محصلت		
Testing Method (pitet, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
backpressure	SI 246				SI 894						
VL OPERATOR CERTIFICATE OF COMPLIANCE											
I hereby certify that the rules and regul						OIL CON	<b>ISERV</b>	ATION	DIVISIO	NC	
Division have been complied with and that the information given above					MAY 0 9 1990						
is true and eposphete to the best of my knowledge and belief.					Date	Approve	d	MMI UY	1330		
Jan June 50						<del> </del>			Λ		
Jean Transmed						By But Chang					
Peggy Bradfield Reg.Affairs						SUPERVISOR DISTRICT #3					
Printed Name		neg	Title	4113	741		OUPER	IVISOR D	ISTRICT	#3	
4-23-90		326-	<u> 970</u>	0	Title						
Date			ophose !								
										المناسمين	

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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
   Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   Senerate Form C-104 must be filled for each nool in multiply completed wells.