Submit 5 Cornes
Appropriare District Office
DISTRICT I
P.O. Rox 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brass Rd., Azise, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L. Operator		TO TR	ANSP	ORT OI	LAND NA	TURAL G			_		
Meridian Oil Inc.							Well	30-045-28967			
Address DO Poy 4299 Fr			TM C	87499				30 013	20307	!	
PO Box 4289, Fa. Rescon(s) for Filing (Check proper box)	Iming	.OH, F	AIM (et (Please em	4-)				
Now Well		Change is	а Тимер	orter of:		m (riese cop	laut)				
Recompletion	Oil		Dry G								
Change in Operator	Casinghe	d Gas	Conde							-	
If change of operator give name and address of provious operator											
IL DESCRIPTION OF WELL	AND LE	ASE					· · · · · · · · · · · · · · · · · · ·				
Lease Name			Pool N	ieme, įpciud	ing Formation		Kind	of Lease	L	esse No.	
San Juan 32-7 Unit Com 39A Blanco Mesa					a Verde			Federal pr Fee	NM-0	4206	
Location	. 79	n		1	North	14	E.O.		7.7a - ±		
Unik Letter C	- :		_ Feet Pr	rom The	North Lin	e and	50 Fe	et From The _	West	Line	
Section 23 Townshi	P	32	Range	7	, N	MPM, S	an Juan			County	
III. DESIGNATION OF TRAN	ISPORTE	ው ብድ ብ	IT AN	ID NATTI	DAI GAS						
Name of Authorized Transporter of Oil		or Conde		 		e eddress to w	nich approved	copy of this fo	rm is to be s	ent)	
Meridian Oil In	PO Bo	PO Box 4289, Farmington, NM 87499									
Name of Authorized Transporter of Carin	gheed Gee F CU		or Dry	Ges	Address (Gin	e eddress to w	hick approved	copy of this fo	rm u 10 be 2	ent)	
If well produces oil or tiquids,	<u> </u>			is gas actually connected? When			?				
give location of traks.	j C	23	32	2 7							
If this production is commungled with that IV. COMPLETION DATA	from any ou	ner leans or	pool, gi	As comming	ling order num	ber:					
THE COMMEDITION DATA		Oil Well	1 (Ges Weil	New Well	Workover	Despen	Plug Back	Same Periu	Diff Res'v	
Designate Type of Completion		<u>i</u>	i_	х	x	i			PHILIP VED A	Dill Kes v	
Date Spedded 07-20-93		pl. Ready t 29 <u>–</u> 93	o Prod.		Total Depth	6580		P.B.T.D.			
Elevations (DF. RKB. RT. GR. etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
6813'GR Mesa Verde					5481'			6504'			
Perforations 5481-5950'; 6002-6509'								Depth Casing	Shoe		
0.102 0500 / 0002 05		TIRING	CAST	NG AND	CEMENTI	NG PECOE	20				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12 1/4"	9 5/8"				225 '			118 cu.ft.			
8 3/4"	7"			4279			1342 cu.ft.				
6 1/4"	4 1/2"			4113-6580			503 cu.ft.				
V. TEST DATA AND REQUEST FOR ALLOWABLE						6504'					
OIL WELL (Test must be after t				oil and must	be equal to or	exceed top all	owable for this	depth or be f	or full 24 hou	(T.)	
Date First New Oil Rua To Tank	Date of Te						ump. gas lýt. e			WET	
Leagth of Test					Casing Press			Charte			
Leagth of Test Tubing Pressure					Carrie Fices	46		NOV 3 1993			
Actual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF			
								OIL CON. DIV			
GAS WELL AGRAN Prod. Test - MCF/D		_								. J	
2307	Leagth of	hrs			Bbia. Conden	SMAN/MIMCF		Gravity of C	ondenente -		
Testing Method (piest, back pr.)		eans (2pn	t-m)		Casing Press	im (Shut-in)	·	Choke Size			
backpressure 162				558			3/4"				
VL OPERATOR CERTIFIC				NCE			NSERV	ATIONI			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							NOEH V	A I ION I	אפועוכ	אוכ	
is true and complete to the best of my knowledge and belief.					Date Approved NOV - 3 1993						
San Shadheed						·	·		-		
May Manneed						By Original Signed by CHARLES GHOLSON					
Peggy Bradfield Regulatory Rep.					Title DEPUTY OIL & GAS INSPECTOR, DIST. #3						
Printed Name Title 11-02-93 326-9700					Title	DEPUTY C	IIL & GAS II		BF		
Date			phone N								
					11						

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.