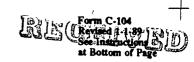
Submit 5 Copies Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088



SEP 1 2 1989

OIL CONSERVATION DIV.

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 OF AND MATURAL CAS

•	TOTR	ANSPORT OIL	AND NATU	JRAL G	AS			-		
perator						API No.	n k s	r <i>i</i> -		
Meridian Oil Inc.								10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
ddress P.O. Box 4289, Fai	mington NM	87499					15 m) () 		
ason(s) for Filing (Check proper box		07433	Other (Please exp	lain)		17 5 100	<u> </u>		
ew Well	Change	in Transporter of:				OILC	ON. [3100		
ecompletion	Oil	Dry Gas					OF TO	20 V A		
ange in Operator	Casinghead Gas	Condensate				ال .	131. 3/			
thange of operator give name l address of previous operator										
DESCRIPTION OF WEL	L AND LEASE									
San Juan 29-7 Unit	Well No 512	Basin Fruit				of Lease Federal or Fee		se No.		
ocation		Dasin irai	crana coar	03	2365	()	SF-078	550 5A		
Unit LetterG	: 1460	_ Feet From The _	North Line a	nd	F6 F6	et From The	East	Line		
Section 19 Town	tin 29 North	Range 7 West	- >70.479	. Di	مهرر o Arriba	`		C		
Section 1.9 Towns	ship 23 NoTCH	Range / West	, NMP	M,	O AIIIDA	<u> </u>		County		
. DESIGNATION OF TRA										
ame of Authorized Transporter of Oil Meridian Oil Inc.	or Conde	ensate				copy of this form		1)		
ame of Authorized Transporter of Cas	inchest Cos	or Day Gos [V]				ton, NM				
El Paso Natural Ga		or Dry Gas	P.O. Box				87499	,		
well produces oil or liquids,	Unit Sec.	Twp. Rge.			When		6/499			
e location of tanks.	G 19	29N 7W	, ,		i	•				
nis production is commingled with th			ing order number:					-		
COMPLETION DATA										
Designate Type of Completion	on - (X)	ll Gas Well	New Well V	Vonkover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
te Spudded	Date Compl. Ready	to Prod.	Total Depth			P.B.T.D.				
11-26-88	12-8-88		3416	f :. *		F.B.1.D.				
vations (DF, RKB, RT, GR, etc.)		Name of Producing Formation Basin Frt. Coal			Top Oil/Gas Pay 3115 '			Tubing Depth 3370 '		
6673' GL	,									
	3175'-78'; 320		11 - 76 ! 328	351-88	1.	Depth Casing S				
3331'-33'; 3368'-7	7'; 2/SPF.				,	3416	<u>'</u>			
		, CASING AND								
HOLE SIZE		UBING SIZE		PTH SET			CKS CEMEN	NT.		
12 1/2''	9 5/	8'''	522'			448 cf				
8 3/4''		711 ,			3416'			1147 cf		
		No Liner 2 3/8"		3370						
TEST DATA AND REQUI			3370	,						
	r recovery of total volume		be equal to or exc	eed top all	lowable for thi	depth or be for	full 24 hours.	.)		
te First New Oil Run To Tank	Date of Test		Producing Metho				,			
ngth of Test	Test Tubing Pressure		Casing Pressure			Choke Size				
tual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF				
AS WELL			<u> </u>		- 1-7	I				
tual Prod. Test - MCF/D	Length of Test	Length of Test				Gravity of Condensate				
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
Back Pressure	SI-516									
. OPERATOR CERTIFI	CATE OF COM	PLIANCE			1055			: 25		
I hereby certify that the rules and reg	rulations of the Oil Conse	ervation		r col	NSERV	ATION D	IVISIO	N		
Division have been complied with an	11	A110 0 2 2 200								
is true and complete to the best of m	Date A	Date Approved AUG 2 8 1989								
Yan Kund			7		2 1)				
Signature D. 16: 11	heced		∥ By ∠	nele		narel				
Peggy Bradfield Regulatory Affairs					-					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(505) 326-9727

Printed Name

Date

January

1989

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

DEPUTY OIL & GAS INSPECTOR, DIST. #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

- 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.