

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

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 8750004-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

#### I.

Operator	Meridian Oil Inc.	Well API No.	30-045-24190
Address	P.O. Box 4289, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate
Effective Date 2-1-94			

If change of operator give name

and address of previous operator P & P Production Inc., P.O. Box 3178, Midland, Texas 79702-3178

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico State	2	Nageezi Gallup	State, Federal or Fee	L-2986
Location				
Unit Letter	M	950	Feet form the	South
Section	32	Township	24 North	Range
		Line and	980	Feet From The
		8 West	NMPM,	West
		San Juan	County	

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form to be sent)
Meridian Oil Inc				P.O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/>	pr Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form to be sent)
Bannon Energy Corp.				3934 FM 1960 West #240, Houston, TX 77068
If well produces oil or	Unit	Sec.	Twp.	Rge.
liquids, give location of tanks.	M	32	24N	8W
Is gas actually connected?				When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
Perforations						Depth Casing Shoe		

#### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

#### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil & must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbbls.	Water - Bbbls.	Gas - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

#### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
Shannon McMorris  
Printed Name  
2/1/94  
Date  
Production Assistant  
Title  
505-326-9526  
Telephone No.

OIL CONSERVATION DIVISION  
FEB 0 2 1994

Date Approved

By

Title

SUPERVISOR DISTRICT #3

#### 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.