State of New Mexico Energy, Minerals and Natural Resources Department

SUPERVISOR DISTRICT #3

DISTRICT E	OIL C	ONSERVAT		IVISIO	Y		/	_		
O. Drawer DD, Astonia, NM 82210	Sai	P.O. Box nta Pe, New Mex		1-2088		' /	ار. ا			
HSTRICT III 000 Rio Berson Rd., Asiec, NM 87410	-				ATION		17			
		OR ALLOWABI INSPORT OIL /								
Operator					N III X	PINa				
MERIDIAN OIL INC.	<u> </u>				L					
P. O. Box 4289, Farm	ington, New M	exico 8749	19							
Resecute) for Filing (Check proper box) New Well	Q h	T	Othe	(Please explai	4)			3 -		
Recompletion		Transporter of: Dry Gos		EAR	ec.	6-2	3-4	10		
Change in Operator X	Caringheed Gos									
of change of operator give sesse Unio	on Texas Petr	oleum Corpor	ration,	P. O. B	ox 2120	. Houston	, TX 77	<u>7252-212</u>		
IL DESCRIPTION OF WELL					- 1		T 12	ese No.		
JICARILLA "F"	Well No.	Pool Name, Includia BLANCO M	ESAVERD	E	Kind o	(Lease Redorn) or Pee	cid			
Location			<u> </u>							
Unit Letter K	<u>: 1850</u>	. Feet Prom The		<u>₩</u> 15	<u>30</u> _ r•	t From The	ω_{-}	Line		
Section 28 Towns	26N	Reses 04W	. N.	PM RIO	ARRIBA			County		
	······································									
III. DESIGNATION OF TRAINMENT OF ONLY Name of Authorized Transporter of Oil	NSPORTER OF O		Address (Give	address to wh	ich approved	copy of this for	n is to be se	re()		
Meridian Oil Inc.			Address (Give address so which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499 Address (Give address so which approved copy of this form is to be sent)							
Name of Authorized Transporter of Cust Gas Company of New Me	agheed Ges 🗀	or Dry Clas 🔀	P. O. B	ox 1899.	ich approved Bloomf	<i>copy of this for</i> ield, NM	8741.	a) 3		
If well produces oil or liquids,	Unit Sec.	Top Rac	is gas actually connected? When ?							
give location of tanks. If this production is commingled with the	<u> </u>				l	 .				
IV. COMPLETION DATA	t nom my outer seem of	hoor' is a comment								
Designate Type of Completion	n - (20)	Cas Well	New Well	Workover	Deepen	Plug Back	ame Res'V	Diff Res'v		
Date Spudded	Date Compt. Ready t	o Prod.	Total Depth	<u> </u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Business I	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Envision (Dr., IOA), KI, OK, III)										
Purformices						Depth Casing	Shoe			
	TUBING	CASING AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CASING & 1	DEPTH SET			SACKS CEMENT					
		•	 			╁				
V. TEST DATA AND REQU	EST FOR ALLOW	ABLE	l			 .				
OIL WELL (Test must be after	r recovery of total volum	e of load oil and must					r full 24 hou	es)		
Date First New Oil Rue To Tank	Date of Test		Producing M	ethod (Flow, p	ump, gas ift,	etc.)				
Length of Test	Tubing Pressure		Casing Pressure			Choke Size	1 1 1	. W		
Actual Prod. During Test	Oil - Bhis.	Water - Bbis.			GE ME	_1_A_r	5-{{}}} }			
					41	<u>\</u>	3 1990	را		
GAS WELL										
Actual Froil. Test - MCF/D Length of Test			Bola, Conde	amie/MMCP	•	orreo		٧.		
Testing Method (pitet, back pr.)	Tubing Pressure (St	Casing Pres	num (Shui-in)		Choke BUS	T. 3				
			 			<u> </u>				
VI. OPERATOR CERTIF				OIL COI	NSEÄV	ATION I	DIVISK	ON		
I hereby certify that the rules and regulations of the Oli Conservation Division have been complied with sed that the information given above is true and complete to the best of my knowledge and build.				.111 0 3 1990						
In the and combine to go sed of a	oy دين ساوي دي. المار کري	•	Dat	e Approvi	ed	JUL.		-		
_ seslu	Harw	ary	Bv.		_	(برند	d.	مممري ر		

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

Leslie Kahwajy

6/15/90

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

Title.

Serv. Supervisor

(505)326-9700

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.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

State of New Mexico Energy, Minerals and Natural Resources Department

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

P.O. Box 2088

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

OIL CONSERVATION DIVISION Santa Pe, New Mexico 87504-2088

10	REQUEST FOR ALLOWABLE AND AUTHORIZAT TO TRANSPORT OIL AND NATURAL GAS	
		Wall API No

Operator MERIDIAN OIL INC.							Wall A	PI No.			
Addres P. O. Box 4289, Farmin	gton,	New Me	xico	8749	9	 					
Rescon(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in 1	Principori Dry Cha		Ode	r (Please explo	lec.	6-3	3-90	D	
f change of operator give same Union address of previous operator	Texas	Petro	leum	Corpo	ation,	P. O. B	ox 2120	, Housto	n, TX 7	7 <u>252-2120</u>	
	CRIPTION OF WELL AND LEASE						l Wind o	of Lease No.			
JICARILLA "F"		7 Pool Name, Including BASIN [ederal or Pos			
Location Unit LetterK	:185	<u> </u>	Post Pro	on Thes	S Lim	and 15'	30_ For	t From The	سل		
Section 28 Township	26N		Ranno	04W	. N	MIN RIO	ARRIBA			County	
III. DESIGNATION OF TRANS	PORTE	R OF OI	L ANI) NATUI							
Name of Authorized Transporter of Oli Meridian Oil Inc.		or Condens			Address (Giv	oddrass to wh				ni)	
Name of Authorized Tressporter of Cuing Ga's Company of New Mex			or Dry (3es (X)	Address (Giv	ox 1899,	Nich approved	eld. NM	vm is to be ≥ 8741		
If well produces oil or liquids,	γ	Sec.	Twp	Rgs.		y connected?	When			<u>-</u>	
If this production is commingled with that f	roca say oth	et joens of b	oal, giv	e commingli	ng order mum	ber:					
IV. COMPLETION DATA	<u></u>	Oil Well	Ţ	les Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded	• •	i. Ready to	Prod.		Total Depth	1	l	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, stc.)	, stc.) Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe					
		TIRING	CASD	VG AND	CEMENTI	NG RECOR	n n	l			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
											
				•				 			
V. TEST DATA AND REQUES OIL WELL (Test must be offer n	T FOR	LLOW	ABLE	oil and must	he equal to a	e exceed top all	awable for thi	e depth or be	for full 24 hos	es)	
Date First New Oil Rus To Tank	Date of Te		7			lethod (Flow, p			·		
Length of Test	Tubing Pressure			Casing Pressure			CETVEM				
Actual Prod. During Test	Oil - Bbis.				Water - Bbb	Water - Bbls.		Gar-MCF	190	<i>י</i>	
GAS WELL	1				.L		OIL	CON			
Actual Frod. Test - MCF/D	Langth of	Test			Bbla. Conde		Ź	DIST. 3			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)			Casing Pres	aure (Shat-in)	·	Choke Size	1			
VI. OPERATOR CERTIFIC 1 hereby certify that the rules and regul				NCE		OIL CO	NSERV	ATION	DIVISIO	NC	
Division have been compiled with and that the information given above le true and complete to the best of my knowledge and belief.				D21	Date Approved JUL 0 3 1990				90		
Leslie 9	Kal	wa	i.		li .	• •	····	7		/	
Leslie Kahwajy Prod. Serv. Supervisor				By.			UPERVIS	OR DIST	RICT #3		
Printed Name 6/15/90		(505)			Titu	θ			1		
Date		Tel	lephone	NO.	ل	_			1		

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.
 Separate Form C-104 must be filed for each pool in multiply completed wells.