

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.		Well API No. 30-039-25106
Address PO Box 4289, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vaughn	Well No. 13E	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF-079266
Location Unit Letter O : 840 Feet From The South Line and 1650 Feet From The East Line Section 27 Township 26N Range 6W NMPM Rio Arriba Country				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc.	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit 0 Sec. 27 Twp. 26 Rge. 6	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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Test	Other Test
Date Spudded 9-16-91	Date Compl. Ready to Prod. 12-17-91	Total Depth 7202'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6329' GL	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4802'	Tubing Depth 4981'					
Perforations 4802-06', 4830-42', 4870-74', 4882-94', 4921-23', 4927-29', 4937-41', 4944-47', 4965-68', 4990-94'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8"	235'	190 cu.ft.					
8 3/4"	7"	5301'						
7 7/8"	5 1/2"	5301-7202'	2294 cu.ft.					
	2 1/16"	4981'						

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and 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)	
Length of Test	Tubing Pressure	Casing Pressure	Stroke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 3269	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (post, back pr.) backpressure	Tubing Pressure (Shut-in) 1070	Casing Pressure (Shut-in) 1149	Choke Size 3/4"

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
Peggy Bradfield Reg. Affairs
Printed Name
4-2-92 326-9700
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 5-21-92
By
Title SUPERVISOR DISTRICT #3

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

- 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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1900, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.		Well API No. 30-039-25106
Address PO Box 4289, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vaughn	Well No. 13E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF-079266
Location Unit Letter <u>O</u> : <u>840</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>26N</u> Range <u>6W</u> , <u>NMPM</u> Rio Arriba 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"/> Meridian Oil Inc. <u>1874310</u>	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company <u>1874330</u>	Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499		
If well produces oil or liquids, give location of tanks.	Unit <u>0</u> Sec. <u>27</u> Twp. <u>26</u> Rge. <u>6</u>	Is gas actually connected? <input type="checkbox"/>	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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Out Res'v <input type="checkbox"/>
Date Spudded 9-16-91	Date Compl. Ready to Prod. 12-17-91	Total Depth 7202'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 6329' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6828'		Tubing Depth 7077'				
Perforations 6828-36', 6914-34', 6956-60', 6966-68', 6986-7010', 7034-37', 7074-84', 7088-94', 7098-7104'				Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	235'	190 cu.ft.
8 3/4"	7"	5301'	2294 cu.ft.
7 7/8"	5 1/2"	5301-7202'	
	2 3/8"	7077'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.


Choke Size 3 1/32
APR 3 1992
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 2513	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) 1805	Casing Pressure (Shut-in) 1805	Choke Size 3/4"

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
Peggy Bradfield Reg. Affairs
Printed Name
4-2-92 Title
Date
326-9700 Telephone No.

OIL CONSERVATION DIVISION

Date Approved 5-1-92
By Barry D. Shum
Title SUPERVISOR DISTRICT #3

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