

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

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

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

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

Operator Meridian Oil Inc. Well API No. 30-039-25305

Address PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla 98</u>	Well No. / Pool Name, including Formation <u>10A / Tapacitos Pic.Cliffs</u>	Kind of Lease State, Federal or Free	Lease No. <u>Jic.Cont 98</u>
Location Unit Letter <u>J</u> : <u>1865</u> Feet From The <u>South</u> Line and <u>1360</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>26</u> Range <u>3</u> , <u>NMPM</u> Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Meridian Oil Inc.</u> <u>2807605</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4289, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ <u>Williams field Service</u> <u>2807606</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bloomfield, NM 87413</u>
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>17</u> Twp. <u>26</u> Rgn. <u>3</u> Is gas actually connected? <u>When ?</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 927

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 <u>09-25-93</u>	Date Compl. Ready to Prod. <u>11-19-93</u>		Total Depth <u>6242'</u>		P.B.T.D.			
Elevation (D.F., RKB, RT, GR, etc.) <u>7128'GL</u>	Name of Producing Formation <u>Pic.Cliffs</u>		Top Oil/Gas Pay <u>3810'</u>		Tubing Depth <u>6016</u>			
Perforations <u>3810-4822'</u>					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>212'</u>	<u>248 cu.ft</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>6242'</u>	<u>717 cu.ft</u>
	<u>2 3/8"</u>	<u>6016'</u>	

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <u>275 mcf/d</u>	Length of Test <u>3 hrs</u>	Bbls. Condensate/MMCF	Gravity of Condensate <u>50.3</u>
Testing Method (press. back pr.) <u>backpressure</u>	Tubing Pressure (Shut-in) <u>137</u>	Casing Pressure (Shut-in) <u>584</u>	Choke Size <u>3/4"</u>

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 correct to the best of my knowledge and belief.

Signature Peggy Bradfield
Peggy Bradfield Regulatory Rep.
Printed Name _____ Title _____
02-13-94 _____
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved MAR 28 1994

By _____ Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTION: 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 1104.
- 2) All sections of this form must be filled out for allowable on new and recommission wells.