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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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 OIL AND NATURAL GAS

Operator <u>Meridian Oil Inc.</u>		Well API No.
Address <u>PO Box 4289, Farmington, NM 87499</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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 <u>McManus</u>	Well No. <u>8</u>	Pool Name, Including Formation <u>Basin Fruitland Coal</u>	Kind of Lease State (Federal or Fee)	Lease No. <u>NM-04226</u>
Location Unit Letter <u>A</u> : <u>1300</u> Feet From The <u>North</u> Line and <u>1300</u> Feet From The <u>East</u> Line Section <u>31</u> Township <u>26</u> Range <u>8</u> , NMPM, <u>San Juan</u> 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 is to be sent) <u>PO Box 4289, Farmington, NM 87499</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4990, Farmington, NM 87499</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
		<u>31</u>	<u>26</u>	<u>8</u>		

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
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded <u>01-10-85</u>	Date Compl. Ready to Prod. <u>09-25-89</u>		Total Depth <u>2075'</u>		P.B.T.D. <u>2008'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6385'</u>	Name of Producing Formation <u>Fruitland Coal</u>		Top Oil/Gas Pay <u>1776'</u>		Tubing Depth <u>2000'</u>			
Perforations <u>1776-80', 1807-12', 1814-16', 1857-60', 1900-03', 1908-10', 1931-35', 1941-44', 1976-78', 2002-06'</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u>8 5/8"</u>		<u>921 83</u>		<u>75</u> sx			
	<u>5 1/2"</u>		<u>2015' 2021</u>		<u>100</u> sx			
	<u>2 3/8"</u>		<u>2000'</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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) backpressure	Tubing Pressure (Shut-in) SI 194	Casing Pressure (Shut-in) SI 294	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.

Peggy Bradfield
Signature
Peggy Bradfield
Printed Name
10-5-89
Date
Reg. Affairs
Title
326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 17 1989

By Original Signed by FRANK T. CHAVEZ

Title Assistant Director

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.