Submit 5 Co. 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 4 1-1-39

Diff Resv

Х

PR.T.D

11

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Meridian Oil Inc. PO Box 4289, Farmington, NM 87499

Operator Well API No. 30-045-21649 Resson(s) for Filing (Check proper box) Other (Please explain) New Well igo in Transporter of: X Recompletion Oil Dry Gas Change in Operator Condense change of operator give name id address of previous operator IL DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Huerfano Unit Kind of Lease Lease No. 270 | Angels Peak Gallup / soci State, Federal or Fee SF-077942A Location Feet From The South Line and 800 1800 West Feet From The Township 26 Range 10 San Juan , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  $\mathbf{x}$ Meridian Oil Inc. PO Box 4289, Farmington, NM Name of Authorized Transporter of Casinghead Gas 87499 or Dry Gas 🔀 Address (Give address to which approved copy of this form is to be sent) Paso Natural Gas PO Box 4990, Farmington, NM 87499 If well produces oil or liquids, Unit Twp. Rge. Is gas actually connected? When? give location of tanks. 7 N <u> 10</u> If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Date Compi. Ready to Prod.

3/8"

2-16-80 Elevations (DF, RKB, RT, GR, etc.)	11-23-91	6700 <b>'</b>	6100'
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6475 GL	Gallup	5710'	5919'
	707 004		Depth Casing Shoe
710-43.,5751-60.,5	791-98',5831-46',58	355-75' w/2 spf	
	IUBING, CASING A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	215'	165 sx
7 7/8"	4 1/2"	6700!	400

Total Depth

5919

Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v

V. TEST DATA AND REQUEST FOR ALLOWABLE

Designate Type of Completion - (X)

Date Spudded

Date

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 Producing Method (Flow, pump, gas lift, etc.) Date of Test flowing
Casing Pressure Length of Test Tubing Pressure Choke Size SI 378 SI 3/4" Actual Prod. During Test Oil - Bbls. Water - Bbis. Gas- MCF 39 MCF 39 **GAS WELL** 

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

VL 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.

radhuid Peggy Reg.Affairs Bradfield Printed Name 8-20-92 326-9700

Telephone No.

## OIL CONSERVATION DIVISION

Date Approved AUG 2 4 1992

Bill Chant

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.