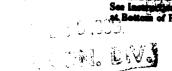
Subsuit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088



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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		10 110	<u></u>	<u> </u>	באוט ואק	1011712	Wic		API No.			
Meridian Oil Inc.		·	···							· · · · · · · · · · · · · · · · · · ·		
P.O. Box 4289, Fa	rminat	on N	TR.5	97400								
Resecu(s) for Filing (Check proper box)	rminge	.011 , IV	111	87499	Ott	et (Please e	Tolain)				
New Well		Change in		_	_	,		,				
Recompletion	Oil	_	Dry G	_								
Change in Operator If change of operator give name	Casinghee	d Gas	Conde									
and address of bisolone obstator.	· · · · -											
IL DESCRIPTION OF WELL	AND LEA	ASE										
Lease Name	Well No. Pool Name, Includi			· ·				Cind of Lease Rate, Federal or Fee		ease No.		
Huerfanito Unit		150 Basin Fr				cuitland Coal				SF-0	78135	
Location H	. 145	n			orth	11	100			East		
Unit Letter					orth Lie	and	190	F	et From The	Last	Line	
Section 1 Townshi	26 N	orth	Range	9 We	st ,N	MPM,	Sar	n Jua	n		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conden				a address to		40000000	come of this i	iore is to be s		
Meridian Oil Inc.				Address (Give address to which approved				mington. NM 87499				
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas X						orm is to be s		
												
If well produces oil or liquids, give location of tanks.					Is gas actually connected?				en ?			
If this production is commingled with that					ing order num			_L				
IV. COMPLETION DATA			,									
Designate Type of Completion	~~	Oil Well		Gas Weil	New Well	Workover		Deepen	Plug Back	Same Res v	Diff Res'v	
Date Spudded		i. Ready to	Prod	X	X Total Depth		L_	· · · · · · · · · · · · · · · · · · ·	P.B.T.D.	I		
12-14-88		2 - 30 -			1892	1			P.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth		
6116' GL	Basin Frt. Coal				· <u> </u>				1882'			
Perforations 717-1891' W/4 SPF pre drilled liner.									Depth Casing Shoe			
717 1031 1174 311					CEVENTO	IC DECC	ממכ			1892'		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT				
12 1/4"	9 5/8"			241'				177 cf				
8 3/4"	7"			1758'				600 cf				
6 1/4"	5 1/2'' 2 3/8''			1892'								
V. TEST DATA AND REQUES	T FOD A				188	32 '			•			
OIL WELL (Test must be after t					be equal to or	exceed top	allowa	ble for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes		-,		Producing Me					,		
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil Phie				Water - Bbis.				Gas- MCF			
The road send to	Oil - Bbls.											
GAS WELL	-1				<u></u>				 			
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MIMCF				Gravity of Condensate		
Testing Method (pics, back pr.) Back Pressure	Tubing Pressure (Shut-in)				Casing Protein (Shut-in) SI-632				Choks Size			
	SI-360				31-032				<u> </u>			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regule				NCE	(DIL CC	NS	ERV	ATION	DIVISIO	N	
Division have been complied with and				e					_			
is true and complete to the best of my l	knowledge an	d belief.			Date	Approv	ved			MAR G I	. 1989	
Son Shaw	/ .>	0				• •						
Sugar Drucky	ille	<u> </u>			By_	Original	Sign	ed by FR	ANK T. CH	AVEZ		
Peggy Bradfield	Regi	ılatoı	ry A	<u>lffai</u> rs								
Printed Name February 1, 1989 (505) 326-9727					Title			····		State on a second	10 0 15	
Date	(30.	<u> </u>	phone N									
					11							

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.