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Appropriate District Office
DISTRICT |
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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

									API No. 1392032800			
Address P.O. ROY SOO. DEMVED	COLODA	DO 903/	n 1					L				
P.O. BOX 800, DENVER, Reason(s) for Filing (Check proper box)	COLORA	DO 8020	71		Oth	er (Please ex	rolain)					
New Well		Change in	ranspor	ter of:		(φ,					
Recompletion	Oil		Dry Gas									
Change in Operator	Casingho	ad Gas	Conden	sale 🔲								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name SAN JUAN 28 7 UNIT	Well No. 149				ing Formation SOUTH (GAS)		Kind of Lease State, Federal or Fee			ease No.		
Location E		1790	_ Feet Fro	m The	FNL	and	790	Ca.	et From The	FWL	Line	
Section 31 Townshi	28	N	Range	7W		MPM,	·		ARRIBA		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTI	OF OF O) NATU		e autress to	which a	nneoued	cany of this f	orm is to be s		
MERIDIAN OIL INC.	Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, NM 87401											
Name of Authorized Transporter of Casin	ghead Gas		or Dry (Gas 🔲	Address (Giv	e address to	which a	pproved	copy of this f	orm is to be se	8 / 40 L :ni)	
EL PASO NATURAL GAS CO	MPANY				1				TX 79			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually	y connected?	i	When	7			
If this production is commingled with that IV. COMPLETION DATA	from any ot	her lease or	pool, give	comming	ing order aumi	per:						
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	D	epen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ipl. Ready to	Prod.		Total Depth		i		P.B.T.D.	1	<u>.l</u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations									Depth Casin	g Shoe		
	TUBING, CASING AND				CEMENTI		_	20	FIV	E M		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SELL STEKSOMENT						ENT	
							19 W.N	AUG:	2 3 1990			
	 						631	1 /	20.1	v.		
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE		L		<u> </u>	<u> </u>		730		
OIL WELL (Test must be after r				il and must	be equal to or	exceed top o	allowable	for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of To				Producing Me							
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF			
	<u> </u>	··-							l			
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
l'esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC	ATE O	F COMI	PLIAN	CE		NI 00	NIO		1 TION	רואיניי		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					Date Approved AUG 2 3 1990							
NUMBLE					Daie	Applot	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-A			
Signature Doug W. Whaley, Staff Admin. Supervisor						By 3 Supervisor district #3						
Printed Name Title							SUP	ERVIS	SOR DIS	TRICT #	3	
July 5, 1990 Date		Tel	830=4. сржие N	2 6U 0.								

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.
- 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.