Submit 5 Copies
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

I.		OR ALLOWAI							
Operator Meridian Oil Inc.				7 7 7 2 0 7 1	Well Ai	l No.			
Address PO Box 4289, Farm	ington, NM	87499						i	
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in	Transporter of: Dry Gas Condensate	Other (P	ikase explai	R)				
If change of operator give name and address of previous operator						···			
IL DESCRIPTION OF WELL	AND LEASE								
Lease Name San Juan 28-5 Uni	t Well No. 201	Pool Name, include Basin Fr	ing Formation uitland (Coal	Kind of State, Fe	Lease derai or Fee	SF-0	79250	
Location Unit LetterA	1040	Feet From The	Iorth		.00	From The	East	Line	
Section 15 Townshi	28N	Range 5W	, NMPM	<u>,</u> Ri	o Arri	ba		County	
III. DESIGNATION OF TRAN	SPORTER OF O								
Name of Authorized Transporter of Oil Meridian Oil Inc.	PO Box			u) 499					
Name of Authorized Transporter of Casin El Paso Natural G	ghead Gas as Company	or Dry Gas	PO Box 4	tress to which 1990,	kapproved a Farmin	gton,	тіз ю be ser NM 87	499	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge. 28N 5W	is gas actually con	ntected?	When?				
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give commingi	ing order number:						
Designate Type of Completion	- (X) Oil Well	Gas Well X	New Well We	orkover	Disepen	Plug Back S	iame Res v	Diff Res'v	
Date Spudded 07-10-89	Date Compi. Ready to	Prod.	Total Depth		1	P.B.T.D.		*************************************	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	ormation	Top Oil/Gas Pay			ubing Depth		i i	
6713 ' GL	Fruitland	l Coal	3460			3634'			
Perforations 3460-641, 350 3624-321 w/2		7-19',			Depth Casing Shoe				
	TUBING.	CASING AND							
HOLE SIZE 12 1/4"	9 5/8"	JBING SIZE	DEPTH SET			SACKS CEMENT 177 cu.ft.			
8 3/4"	5 1/2"		3546 '			1116 cu.ft.			
	2 3/8" 3634'					1110 04.10.			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR ALLOW!		be equal to or exce	ed top allow	able for this d	enth on he for	6.11.74 hours		
Date First New Oil Run To Tank	Date of Test	oj lodd oli dad milli	Producing Method) M. 24 NOW.	···	
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
GAS WELL	1								
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.) backpressure	Tubing Pressure (Shut SI 250	-in)	Casing Proseure (Shut-ia) SI 998			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 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						
Signature Peggy Bradfield	Reg.Affa	Ву	By Original Signed by FRADIK T. CHAVEZ						
Printed Name 9 = 2 = 89	326-9700	Title	Title	المناؤ	ARISON tur.	· · · · · · · · · · · · · · · · · · ·			
Date		phone No.							

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.