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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

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	T	OTRAN	NSPOF	RT OIL	AND NA	TURAL GA				
Operator Meridian Oil Inc.							Well	LPI No.		
Addres PO Box 4289, Farmi	ington	, NM	8749	9		-	<del></del>			
Resease(s) for Filing (Check proper box)					Oth	x (Please expl	2(#)			
New Well	(	Change in T	Transporte	r of:	_	. (-	•			
Recompletion	Oil	· ~	Dry Gas							
Change in Operator	Casinghead		Condenimi							
If change of operator give name	<del></del>									
and address of previous operator					<del></del>					
IL DESCRIPTION OF WELL	ANDIFA	CE.								
Lesse Name	AIND LEA	Wall No. 1	Pool Num	e. Includir	g Formation		Kind o	Lease	L	ease No.
San Juan 28-4 Unit	1	1			-	od Coal	State,	Federal or Fe	• NM-0	3862
Location		202	200	<u> </u>	<u> </u>	u coan				
	10/	10		<b>.</b> .	SouthLin	80	0 =-	et From The	West	Line
Unit Letter	_ : <u>+ 0 -</u>	± U	POOL PTOID	1104	SOUL DU			et rious ins .	WC5C	
Section 18 Township	281	J 1	Range	$4\mathrm{W}$	. N0	IPM.	Ri	o Arril	na	County
John Township										
III. DESIGNATION OF TRANS	SPORTER	OF OI	L AND	NATUI	RAL GAS					
Name of Authorized Transporter of Oil		or Condens			Address (Giv	address to w	hich approved	copy of this f	orm is to be se	nt)
Meridian Oil Inc. PO Box 4289, Farmington, NM 8									NM 8.7	499
Name of Authorized Transporter of Casing	or Dry Gas X Address (Give address to wh									
El Paso Natural Ga			•		PO Box	4990.	Farmi	naton	NM 87	199
If well produces oil or liquids,			Twp	Rge.	Is gas actuali		When			1
give location of tanks.	Li	18	28N	4 W						
If this production is commingled with that f	from any other				ng order num	per:				
IV. COMPLETION DATA	•	•		_						
		Oil Well	Gar	Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res'v
Designate Type of Completion	- (X)	İ	i	x	x	l	1	L	1	
Date Spudded	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.		
09-16-89	10-03-89				4478'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Fay			Tubing Depth		
7522 <b>'</b> GL	Fruitland Coal			4304'				4428		
Perforations 4304-15', 4342-43', 4361-64'				64',	4388-4400',			Depth Casing Shoe		
4408-18', 4425-32'	, 4456	<b>-65</b>	w/2	spf				<u> </u>		
	TUBING, CASING AND				CEMENTI					
HOLE SIZE	0/0/14 4 100/14 5/22			DEPTH SET			SACKS CEMENT 354 cu.ft.			
12 1/4"	9 5/8"			437'						
8 3/4"	7'				4290'			1284 cu.ft.		
6 1/4"	4 1/2"			4477'			136 cu.ft.			
		3/8"			442	8 •				
V. TEST DATA AND REQUES	ST FOR A	LLOWA	RFE				amabla for the	- 44 4-	for full 24 hou	1
OIL WELL (Test must be after n			of load oil	and must	De equal to or	exceed top all	owadie jor ini			73.)
Date First New Oil Run To Tank	Date of Tes	t			Lionnering ivi	eulou (Flow, p	· · · · · · · · · · · · · · · · · · ·	T F M		
To the state of Texas	7. b D				Casing Press	ire .	- 15	Choke Size		
Length of Test	Tubing Pres	ISLITE			Canada		U	1		
Accord Band Davison Test	Oil Dhia				Wmer - Bbis			Gas MCF	<del>0 6 1989</del>	
Actual Prod. During Test	Oil - Bbls.									
								U CON. DIV.		
GAS WELL								Gravity of Coddentile		
Actual Prod. Test - MCF/D	Cost			Bbls. Condensate/MMCF			Gravity of Condensate			
					G-to-B-se			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in) SI 859			CAGE SIZE	,		
backpressure	SI 435			31	033					
VL OPERATOR CERTIFIC	ATE OF	COMP	LIANC	Œ			MCEDV	ATION	DIVICIO	<b>781</b>
I hereby certify that the rules and regul					'	JIL COI	ADELA	AHON	DIVISION	אוכ
Division have been complied with and that the information given above									DEC	0 6 1989
is true and complete to the best of my knowledge and belief.					Date	Approve	ed			<u> </u>
Jan Dradpueld						• •	<b>Original</b>	Signed by	FLALK E.	•
July Stall	ille	$\propto$			By_		•	·		
Peggy Bradfield		-	Aff=	ire	-	······································		Super	(/*·> >	
Peggy Bradfield Reg.Affairs Printed Name Title					724	Tale .				
10-26-89		326-	9700		Title					
Date		Tele	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.