

DEVIATION REPORT

Name of Company El Paso Natural Gas Company		Address P. O. Box 4289, Farmington, NM 87499			
Lease San Juan 28-6 Unit	Well No. 410	Unit Letter L	Section 13	Township 28-N	Range 006-W
Pool Basin Fruitland Coal			County Rio Arriba		

<u>Depth (Ft.)</u>	<u>Deviation (Degrees)</u>
100'	1/2 deg
238'	1/2 deg
918'	1/2 deg
1415'	1/2 deg
1943'	3/4 deg
2596'	3/4 deg
3091'	3/4 deg
3345'	3/4 deg

RECEIVED
 SEP 04 1990
 OIL CON. DIV
 DIST. 3

I, the undersigned, certify that I, acting in my capacity as Petroleum Engineer of El Paso Natural Gas Company, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and directions and that the facts stated herein are true to the best of my knowledge and belief.

[Signature]

Subscribed and sworn to before me this 6th day of August, 1990

[Signature]

Notary Public in and for San Juan County, New Mexico

My Commission expires August 17, 1992

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

OIL CONSERVATION DIVISION

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

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator <u>Meridian Oil Inc.</u>	Well API No. <u>30-039-24840</u>
Address <u>PO Box 4289, Farmington, NM 87499</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Juan 28-6 Unit</u>	Well No. <u>410</u>	Pool Name, including Formation <u>Basin Fruitland Coal</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM-013678</u>
Location				
Unit Letter <u>L</u>	<u>1655</u> Feet From The <u>South</u> Line and <u>1125</u> Feet From The <u>West</u> Line			
Section <u>13</u>	Township <u>28</u>	Range <u>6</u>	<u>NMPM, Rio Arriba</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Meridian Oil Inc.</u>	<u>PO Box 4289, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>PO Box 4990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	<u>L</u> <u>13</u> <u>28</u> <u>6</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						
Date Spudded <u>07-28-90</u>	Date Compl. Ready to Prod. <u>08-14-90</u>	Total Depth <u>3346'</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>6469' GL</u>	Name of Producing Formation <u>Fruitland Coal</u>	Top Oil/Gas Pay <u>3108'</u>	Tubing Depth <u>3294'</u>					
Performances <u>3108-09', 3118-20', 3128-29', 3134-36', 3151-52', 3183-86', 3193-3203', 3204-14', 3287-89', 3291-95', 3297-3314'</u>		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>238'</u>	<u>248 cu. ft.</u>					
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>3344'</u>	<u>1302 cu. ft.</u>					
	<u>2 3/8"</u>	<u>3294'</u>						

V. TEST DATA AND REQUEST FOR ALLOWABLE 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. Gas- MCF

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
<u>backpressure</u>	<u>SI 15</u>	<u>SI 983</u>	

VI. 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.

Peggy Bradfield
 Signature
 Printed Name
 8-29-90
 Date

Reg. Affairs
 Title
 326-9700
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 24 1990

By [Signature]
 Title SUPERVISOR DISTRICT #3

RECEIVED
 SEP 04 1990

OIL CONSERVATION DIVISION
 DISTRICT I

- 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.