Submit: 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM \$2240

I.

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, Astonia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Opensor Merîdian Oil Inc	•				Weil API No. 30-039-25037				
Address PO Box 4289, Farmington, NM 87499						g a mangesy .			
Resson(s) for Filing (Check proper box)		=	Oth	e (Please exp	avr)		i ju i-		
New Well	_	Transporter of:			4		200	ا فران	
Recompletion	Oil Casingheed Gas	Dry Gas Condensate				* * * * * * * * * * * * * * * * * * * *			
If change of operator give name							- 78 - 1	-7	
and address of previous operator			 			1	, Ko 1216	J 6	
IL DESCRIPTION OF WELL	AND LEASE					4	, E		
Lease Name	Well No.	Pool Name, Include	ing Formation	····	Kind	of Lease	T L	ease No.	
San Juan 28-6 Uni	t 462	1	Fruitla	and Coa	1 State,	Federal or Fee	1	79193	
Location									
Unit LetterK	_ :_1385	Feet From The SO	uth Lin	15	40 F	set From The	Nest	Line	
22	2017	_							
Section 22 Townsh	uip 28N	Range 6	W , N	IPM,	Rio Ar	riba		County	
III. DESIGNATION OF TRAI	NSPORTER OF O	II AND NATTI	DAI CAS						
Name of Authorized Transporter of Oil	or Conde	ante.		address to w	hich approved	copy of this for	m is to be se	mt)	
Meridian Oil Inc	•	\mathbf{x}	i			ngton, N		•	
Name of Authorized Transporter of Casis	aghead Gas	or Dry Gas 🔀	Address (Give	address to w	hick approved	copy of this for	m is to be se	nd)	
Meridian Oil Inc						gton, N		499	
If well produces oil or liquids,	Unit Sec.	Twp. Rgs.	is gas actuali;	connected?	When	?			
give location of tanks.	K 22	28 6			1				
If this production is commingled with that	from any other lease or	pool, give comming	ling order numi	xer:			 		
IV. COMPLETION DATA						·			
Designate Type of Completion	Oil Well		New Well	Workover	Deepen	Plug Back S	ame Res v	Diff Res'v	
Data Soudded	Date Compl. Ready to) X	X Total Depth			1 1		_l	
1-7-91	6-22-92	71104	3360	۱ •		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6546 GL	Fruitland	3227'			3307'				
Perforations				<u> </u>		Depth Casing Shoe			
3227-48', 3311-40) 1								
	TUBING,	CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4"	8 5/8"			224'			248 cu.ft.		
7 7/8"	5 1/2"		3360'			1151 cu.ft.			
	2 3/8"		3307'			<u> </u>			
	100 BOD ALL SILL		<u> </u>						
V. TEST DATA AND REQUE OIL WELL Test must be after									
Date First New Oil Run To Tank	Date of Test	of load oil and must		exceed top all sthod (Flow, p		<u> </u>	r Juli 24 hou	rs.)	
Date First New Oil Rule 10 120k	Date of Test		PRODUCING IVE	susou (<i>riow</i> , p	iemp, gas iyi, i	eic.)			
Leagth of Test	Tubing Pressure	Tuhing Program		Casing Pressure			Choke Size		
	recing research	Tuoning Fresaute		Caring Freezence					
Actual Prod. During Test	Oil - Bhis.		Water - Bbis.			Gas- MCF			
GAS WELL			*						
Actual Fred. Test - MCF/D	Length of Test		Bbls, Conden	MMCF		Gravity of Co	adentate	·	
Testing Method (piset, back pr.)	Tubing Pressure (Shut	t-m)	Casing Press	ine (Shut-ia)		Choks Size			
backpressure	SI 1030		SI 1	033		}			
VL OPERATOR CERTIFIC	ATE OF COME	PIIANCE	1						
I hereby certify that the rules and regr				DIL COM	NSERV	ATION [)IVISIC	N	
Division have been complied with and that the information given above				Date Anomyed					
is true and complete to the best of my	knowledge and belief.		Date	Approve	nd '	(4 _الال	7 3 1 2 4		
1 (× .			Date	· Appi OAC	~				
Jegger Sha	Aluld		Bv_	Original	Signed by (HARLES GHE	1708		
Signature						-imiles One	Constant		
				CONTROL OF FOR THE STATE OF THE					
7-8-92	326-9	970 0	Title				- a '		
Date	Teb	sphone No.							
			Ц						

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

 1) Request for allowable for newly drilled or despensed well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form start be filled out for allowable on new and recompleted wells.

 3) Pill out only Sections I, II, III, and VI for changes of operator, well name or sumber, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.