Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Meridian Oil Inc.

Well API No.: 30-039-25283

Address: PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Operator [ ]
- Other (Please explain) [ ]

Change in Transporter of:
- Oil [ ] Dry Gas [ ]
- Casinghead Gas [ ] Condensate [ ]

RECEIVED
DEC 29 1993
OIL CON. DIV.
DIST. 3

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
San Juan 28-5 Unit	227	Basin Fruitland Coal		SF-079250

Location
Unit Letter M : 935 Feet From The South Line and 790 Feet From The West Line

Section 11 Township 28 Range 5 NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc. [X] 9805455	PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	PO Box 4289, Farmington, NM 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	M	11	28	5		

If this production is commingled with that from any other lease or pool, give commingling order number: DHC- 932

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	x					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
08-02-93	09-26-93	4139'	

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6960'GL	Fruitland Coal	3802'	4033'

Perforations	Depth Casing Shoe
3802-30',3844-46',3889-90',3894-96'	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	214'	277 cu.ft.
7 7/8"	4 1/2"	4139'	1646 cu.ft.
	2 3/8"	4033'	

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**	**Choke Size**
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**

RECEIVED
OCT 27 1993
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2098 mcf-pitot gge			
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
backpressure	947	970	

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

Peggy Bradfield Regulatory Rep.
Printed Name / Title

10-24-93 / 326-9700
Date / Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 29 1993

By _____

Title SUPERVISOR DISTRICT #3

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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Meridian Oil Inc.

Well API No.: 30-039-25283

Address: PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Operator [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
Other (Please explain) [ ]

RECEIVED
DEC 29 1993
OIL CON. DIV
DIST. 3

If change of operator give name and address of previous operator

Gobernador

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
San Juan 28-5 Unit	227	~~Wildcat~~ Pictured Cliffs		SF-079250

Location
Unit Letter M : 935 Feet From The South Line and 790 Feet From The West Line
Section 11 Township 28 Range 5 NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	PO Box 4289, Farmington, NM 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	M	11	28	5		

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-932

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	x					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
08-02-93	09-26-93	4139'	

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6960'GL	Pictured Cliffs	3912'	4033'

Perforations: 3912-19',3921-25',3927-29',3936-40',3944-59',3966-74',3980-82',3988-92' Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	214'	277 cu.ft.
7 7/8"	4 1/2"	4139'	1646 cu.ft.
	2 3/8"	4033'	

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**	**Choke Size**
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**

OCT 27 1993
OIL CON. DIV
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1208 mcf-pitot gge			
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
backpressure	947	970	

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
Peggy Bradfield Regulatory Rep.
Printed Name / Title
10-24-93 / 326-9700
Date / Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 29 1993

By Bill Olson
SUPERVISOR DISTRICT #3

Title

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.