

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 8750004-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Meridian Oil Inc.	Well API No.	3003925283
Address	P.O. Box 4289, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil	Dry Gas	
Change in Operator	Casinghead Gas <input checked="" type="checkbox"/>	Condensate	

If change of operator give name and address of previous operator  
Gobernador po 77440

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 28-5 Unit 7460	227	Basin FRC 71629	State, Federal or Fee	NMSF 079250
Location	Unit Letter	Feet from the	Line and	Feet From The
	M 935	South	790	West
	Section 11	Township 28 North	Range 5 West	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 to be sent)
Meridian Oil Inc 2805455	<input checked="" type="checkbox"/>	P.O. 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 to be sent)
EPNG 2805456	<input checked="" type="checkbox"/>	P.O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	M	11
		Twp.
		28
		Rge.
		5W
		Is gas actually connected?
		When ?

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
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil & 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

GAS WELL

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

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.

Signature	Production Assistant
Shannon McMorris	Title
Printed Name	505-326-9526
1/18/94	Telephone No.
Date	

OIL CONSERVATION DIVISION

JAN 20 1993

Date Approved	
By	Supervisor
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.

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Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil Dry Gas Casinghead Gas X Condensate <input type="checkbox"/> Other (Please explain)	

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-5 Unit	Well No. 227	Pool Name, Including Formation West Kutz PC Golexador	Kind of Lease State, Federal or Fee	Lease No. NMSF-079250
Location Unit Letter m 935 Section 11 Township 28 North Feet from the South Line and 790 Feet From The West Line Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc	or Condensate X	Address (Give address to which approved copy of this form to be sent) P.O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas EPNG	or Dry Gas X	Address (Give address to which approved copy of this form to be sent) P.O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit m Sec. 11 Twp. 28 N Rge. 5 W	Is gas actually connected? When ?

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

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HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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GAS WELL

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Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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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.

Signature Shannon McMorris	Production Assistant
Printed Name 1/18/94	Title 505-326-9526
Date	Telephone No.

OIL CONSERVATION DIVISION

JAN 20 1993

Date Approved	
By	Barry Chang
Title	SUPERVISOR DISTRICT 13

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

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