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

State of New Mexico Energy, Minerals and Natural Resources Department

Kevised 1-1-89 See Instruction

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 Operator Meridian Oil Inc. Address PO Box 4289, Farmington, NM 87499 Remon(s) for Filing (Check proper box) Other (Please explain) New Wall age in Transporter of: \mathbf{x} Dry Gas Recompistion Oil Charge in Operator Condensate dress of operator give name IL DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formston Kind of Lease Lease No. Huerfanito Unit State, Federal or Fee B-11370 Basin Fruitland Coal LOCUMON 850 Unit Letter _ Ν ___ Feet From The _South Line and ___ 1530 Feet From The West Section 36 Township 27NRange 9W, NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil a (Give address to which approved copy of this form is to be sent) or Condensate X PO Box 4289, Farmington, NM Meridian Oil Inc 87499 Nams of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas IX PO Box 4990, Farmington, NM Paso Natural Gas |Twp. 27 any If well produces oil or liquids, Unit Rge. | Is gas actually connected? When? Ν 36 9 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover | Deepen | Plug Back | Same Res'v Diff Resy Designate Type of Completion - (X) x Total Depth Date Spudded Date Compi. Ready to Prod. P.B.T.D. 4 - 9 - 566-28-90 2085 ' 2020' Elevations (DF, RKB, RT, GR, etc.) Too Oil/Gas Pay Name of Producing Formation Tubing Depth 6220 GR Fruitland Coal 1901' 1986' Perforations Depth Casing Shoe 1931-071, 1909-15', 1919-21', 1973-84', 1994-2006' w/2 spf TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 578 103' 83 cu.ft. 1/2" 7/8" 2027 18 cu.ft 3/8" 1986 V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) CE Casing Proseurs Chake Size Length of Test Tubing Pressure Actual Prod. During Test Water - Bols JUL 2 3 1990 Oil - Bbls. Gas- MCF OIL CON. DIV. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MO(5) 3 Gravity of Condensate Testing Method (puot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size backpressure SI 313 VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JUL 2 3 1990 is true and complete to the best of my knowledge and belief. Date Approved ___ LUAVU adriced By_ Signature Reg.Affairs SUPERVISOR DISTRICT #3 Peggy Bradfiel Printed Name Title Title 7<u>-19-90</u>

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

Date

326-9700

- 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.

Telephone No.

- 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.