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	Well API No.
Meridian Oil Inc.	30-045-06241
Address: PO Box 4289, Farmington, NM 87499	

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

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.
Douthit C Federal	2	Basin Fruitland Coal		SF-078092

Location
Unit Letter L : 1850 Feet From The South Line and 790 Feet From The West Line
Section 27 Township 27 Range 11 , NMPM, San Juan 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. 2816005 [X]	PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
Sunterra Gas Gathering 2816006	PO Box 1899, Bloomfield, NM 87413

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	L	27	27	11		

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

IV. COMPLETION DATA Water POD 2816007

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		x				x		x

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-6-91	10-12-90	6688'	1960'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6350'	Fruitland Coal	1690'	1923'
Perforations 1690-94', 1726-32', 1790-1800', 1872-76', 1886-96', 1904-08', 1916-30'			**Depth Casing Shoe**

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8 5/8"	239'	210 sx
	4 1/2"	6688'	450 sx
	2 3/8"	1923'	

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
JAN 15 1991
OIL CON. DIV.
DIST. 3

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**
backpressure	SI 0	SI 142	

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 — Reg. Affairs
Printed Name — Title
1-14-91 — 326-9700
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 29 1991

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.

Submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

5. Lease Number
SF-078092

6. If Indian, All.or
Tribe Name

7. Unit Agreement Name

2. Name of Operator
Meridian Oil Inc.

8. Well Name & Number
Douthit C Federal #2

3. Address & Phone No. of Operator
Box 4289, Farmington,NM 87499 (505)326-9700

9. API Well No.

4. Location of Well, Footage,Sec,T,R,M.
1850'S, 790'W Sec.27, T-27-N, R-11-W, NMPM

10. Field and Pool
Basin Dakota

11. County and State
San Juan County, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
__ Notice of Intent	__ Abandonment	__ Change of Plans
	__ Recompletion	__ New Construction
_x_ Subsequent Report	__ Plugging Back	__ Non-Routine Fracturing
	__ Casing Repair	__ Water Shut Off
__ Final Abandonment	__ Altering Casing	__ Conversion to Injection
	_x_ Other - Fracture Treatment	

13. Describe Proposed or Completed Operations

10-01-90 MOL&RU. TOOH w/2 3/8" tbg. Ran logs. TIH w/CIBP set @ 1960'. PT, ok. Selectively perf'd 1690-1930' w/2 spf. BD perfs. Frac'd w/5000 gal. nitrified acid. Land 2 3/8" tbg @ 1923'. Released rig.

14. I hereby certify that the foregoing is true and correct
Signed Peggy Bradfield Title Regulatory Affairs Date 10-3-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITION OF APPROVAL, IF ANY: