

CT II
Traver DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

CT III
30 Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

or Union Oil Company of California dba Unocal	Well API No. 30-045-23877
14 3300 N. Butler, Suite 200, Farmington, NM 87401	
2(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
Well Completion <input type="checkbox"/> Is Operator <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
3(s) of operator give name Address of previous operator	

DESCRIPTION OF WELL AND LEASE

Name Lodewick	Well No. 8E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. NM 02861
10(s) Unit Letter B : 1000 Feet From The N Line and 1795 Feet From The E Line				
Section 19 Township 27N Range 9W NMPLM San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

1(s) of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499		
1(s) of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499		
2(s) produces oil or liquids, location of tanks.	Unit B Sec. 19 Twp. 27N Rge. 9W	Is gas actually connected? Yes	When?

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Locations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

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.)

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
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	MCF

OIL CON. DIV.)

AS WELL

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

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 Sandy Liese
Sandy Liese General Clerk
Printed Name Title
Date May 10, 1990 Telephone No. 505-326-7600

OIL CONSERVATION DIVISION

JUL 9 1990

Date Approved
By Brian J. Chung
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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



LTR



Job separation sheet

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MERIDIAN OIL, INC.		Well API No. 30-045-23877
Address P.O. BOX 4289, FARMINGTON, NEW MEXICO 87499-4289		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL, 3300 N. BUTLER SUITE 200, FARMINGTON, NEW MEXICO 87401		

II. DESCRIPTION OF WELL AND LEASE

Lease Name LODEWICK	Well No. 8E	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease FEDERAL State, Federal or Fee	Lease No. NM-02861
Location Unit Letter B : 1000' Feet From The NORTH Line and 1795' Feet From The EAST Line Section 19 Township 27N Range 9W ,NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> MERIDIAN OIL, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 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

Designated Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv	Diff Resv
Date Spudded	Date Comp. 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 RECORDS

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAGS CEMENT

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 flow 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, ect.)	
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 (pilot, 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.

Leslie Kahwajy
Signature
LESLIE KAHWAJY, PRODUCTION ANALYST
Printed Name
JANUARY 22, 1993
Date
(505) 326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 29 1993**
By *[Signature]*
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS:

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