

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

ALBUQUERQUE, NEW MEXICO

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.		Well API No.
Address P. O. Box 4289, Farmington, NM		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: ☐ Other (Please explain) Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Operator ☒ Casinghead Gas ☐ Condensate ☒ Effective 11-7-89		
If change of operator give name and address of previous operator Chevron U.S.A. Inc. P. O. Box 599, Denver, Co. 80201		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Douthit "A" Federal	Well No. 6	Pool Name, including Formation W. Kutz Pictured Cliffs	Kind of Lease State (Federal) or Fee	Lease No. SF-078092
Location Unit Letter A : 975 Feet From The North Line and 840 Feet From The East Line Section 27 Township 27N Range 11W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc. ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM					
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79999					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 32	Twp. 27N	Rge. 11W	Is gas actually connected? Yes	When? 9-11-82

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 Resv	Diff Resv
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 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

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DIST

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.

Signature
Peggy Bradfield - Regulatory Affairs
Printed Name
11-13-89
Date
505-326-9700
Title
Telephone No.

OIL CONSERVATION DIVISION

NOV 21 1989

Date Approved

By

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.