

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

Operator Meridian Oil Inc.	Well API No. 30-045-28570
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 300	Pool Name, Including Formation Angels Peak Gallup	Kind of Lease State, Federal or Fee	Lease No. SF-078422
Location				
Unit Letter I	1450	Feet From The South	Line and 1060	Feet From The East
197.9' from North line and 2667.9' from West line-at TD				
Section 31	Township 27	Range 10	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"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	PO Box 4289, Farmington, NM 87499
Name 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)
El Paso Natural Gas Company	PO Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
I 31 27 10	

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
		X	X					
Date Spudded 9-22-91	Date Compl. Ready to Prod. 10-26-91	Total Depth 8065' MD; 5544' TVD	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6090' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 5495'	Tubing Depth 7740' MD					
Perforations 5495-5628', 5673-5848', 6022-6111', 6156-6243', 6288-6331', 6375-6421', 6465-6508', 6598-6686', 6905-7165', 7254-98', (predrilled liner)		7564-7608', 7697-7965' TUBING, CASING AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	241' MD	373 cu. ft.					
12 1/4"	9 5/8"	5625' MD	3554 cu. ft.					
8 1/2"	5 1/2"	5181-8055' MD	did not cmt					
	2 7/8"	7740' MD						

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

GAS WELL

Actual Prod. Test - MCF/D 1905	Length of Test 3 hrs	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (puce, back pr.) backpressure	Tubing Pressure (Shut-in) 324	Casing Pressure (Shut-in) 325	Choke Size 3/4"

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 Reg. Affairs
Printed Name
11-8-91 Title
326-9700
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 27 1991
By ORIGINAL SIGNED BY ERNIE BUSCH
Title DEPUTY OIL & GAS INSPECTOR, NSL #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.