

OIL CONSERVATION DIVISION

DISTRICT
P.O. Drawer DD, Alameda, NM 88210

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

DISTRICT III
1000 N. G. P. Assoc. R.L. Assoc. NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

L

Operator MERIDIAN OIL INC.		Well API No.
Address P. O. Box 4289, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Operator ☒	Casinghead Gas ☐	Condensate ☐
If change of operator give name and address of previous operator Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120		

II. DESCRIPTION OF WELL AND LEASE

GENERAL DESCRIPTION OF WELL AND LEASE				
Lease Name ANGEL PEAK "B"	Well No. 27	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee	Lease No. SF047017b
Location				
Unit Letter <u>K</u> : <u>208.5</u> Feet From The <u>S</u> Line and <u>1500</u> Feet From The <u>W</u> Line Section <u>25</u> Township <u>28N</u> Range <u>11W</u> <u>NMTM</u> <u>SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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.		P. O. Box 4289, Farmington, NM 87499			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒		Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company		P. O. Box 990, 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

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE

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 10p allowable for this depth or be for full 24 hours.)

OIL WELL		
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowance for this well.)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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GAS WELL

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Leslie Kahway
 Printed Name Leslie Kahway Prod. Serv. Supervisor
 Date 6/15/90 Title (505) 326-9700
 Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved JUL 03 1990

By David Chang
SUPERVISOR DISTRICT 13
Title _____

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

- 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.