

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc.	Well API No. 30-039-24830
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 San Juan 29-7 Unit	Well No. 582	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease (State) Federal or Fee	Lease No. B-10037-55
Location Unit Letter M : 790 Feet From The South Line and 790 Feet From The West Line Section 2 Township 29 Range 7, NMPM, Rio Arriba 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 M Sec. 2 Twp. 29 Rge. 7 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

Designate Type of Completion - (X)	Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded 8-6-90	Date Compl. Ready to Prod. 12-17-90	Total Depth 3382'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6528' GL	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 3219'	Tubing Depth 3365'					
Perforations 3219-3379' (predrilled liner)			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8"	315'	334 cu.ft.					
8 3/4"	7"	3215'	1090 cu.ft.					
6 1/4"	5 1/2"	3381'	did not cmt					
	2 7/8" & 3 1/2"	3365'						

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

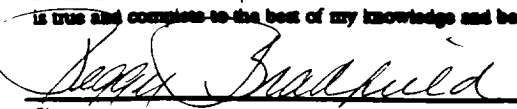
RECEIVED
JAN 17 1991
Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	CHOKE SIZE
Testing Method (pust, back pr.) backpressure	Tubing Pressure (Shut-in) SI 1335	Casing Pressure (Shut-in) SI 1331	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
Printed Name
1-10-91
Date
326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 17 1991
By Original Signed by FRANK I. CHAVEZ
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.