Eubmit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 8750004-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l										
Operator Meridian Oil Inc.						Well API No. 30 039 25288				
Address			T. D. F.	07400			07 000	<u>~~</u>		
Reason(s) for Filing (Check pro		mington, N	lew Mexico	87499	<del></del>					
-	oper box)			_		Other (Please				
New Well  Recompletion		Change in Transporter Oil Dry Gas			- Water POD			2804	816	
Change in Operator		Casinghead	I Gas X	Dry Gas Condensate		·		·		
-		Cashigheau	uds X	Condensate						
If change of operator give			***************************************						***************************************	
and address of previous	•	***************************************	***************************************	•••••••••••		******	······	***************************************		
II. DESCRIPTION	OF WEI		***************************************	<del></del>		***************************************	***************************************	<del></del>	************************	
San Juan 29-4 Unit		Well No. 200	Pool Name, Inclu Gobernador F	•		Kind of Lease State, Fede	ral or Fee	Lease No. SF-079893 A		
Location		1	1 Good Hader 1	<u> </u>		intate, i ede.	iai oi i cc	31-0770737	·	
Unit Letter	<u>K</u>	1990	Feet form the	South	Line and	1850	Feet From The	West	Line	
Section III. DESIGNATIO	30 N OF TD	Township	29 North <b>TER OF O</b>	Range	4 West	,NMPM,		Rio Arriba	County	
Name of Authorized Transporte		ANSPUR	or Condensate	:	<b>,</b>		:-11	- £41.'- £ 1		
j -	280481	14	of Congensate	X	Address (Give address to which approved copy of this form P.O. Box 4289, Farmington, NM 87499				sent)	
Name of Authorized Transporte		_	or Dry Gas	X	¢		which approved copy of this form to be sent)			
EPNG c	28048	15 -		<u> </u>	P.O. Box	4990, Farmi	ngton, NM 8	7499		
If well produces oil or		Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When?		
liquids, give location of tanks.  If this production is commingle		K	30	29N	i 4W		Dika	02	<del></del>	
IV. COMPLETION		n any other lease	e or pool, give com	mingling order n	iumber:		JHC.	<u> </u>	<u>/</u>	
TV. COMIT LETTO	IDAIA	i Oil Well	ı Cias Well	1 New Well	Workover	; Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		İ	i	İ	!	!	1			
Date Spudded	Date Compl. R	eady to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR	, etc.)	Name of Produ	icing Formation		Top Oil/Gas Pay Tubing Dept					
Perforations		<u> </u>			<u> </u>		Depth Casing Sh			
1 criorations		TUBI	NG, CASING	AND CEM	ENTING	RECORD	Deput Casing Si			
HOLE SIZE		<del>~~~~~~~</del>	SING & TUBING	***************************************		DEPTH SET	***************************************	S	ACKS CEMENT	
V TECT DATE A	VD DEOI	UECE EO	D A L I OIL		<u> </u>	*************	***************************************			
V. TEST DATA AI	_									
OIL WEL (Test must be a) Date First New Oil Run To Tan	tter recovery o <sub>j</sub> nk	Date of Test	f load oil & must b			wable for this de mp, gas lift, etc.		24 hours.)	***************************************	
					, 1	1.5	·	WEM		
Length of Test		Tubing Pressur	re	Casing Pressure	e	Choke Size	<u> </u>	A 120		
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.			Gas - MCF	agal	·	
CACAVET		<u> </u>					JANZU	Terres		
GAS WELL Actual Prod. Test - MCF/D	****************	Length of Test		Bbls. Condensa	ite/MMCF		Wavi Cold	DIV	***************************************	
Testing Method (pitot, back pr.)						DIST		. 3/		
		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR C	FRTIFIC	L	COMPLIA	NCF	I		1			
I hereby certify that the ru				· <del>-</del>		II CONS	FDVATIO	N DIVICIO	NNT .	
been complied with and that the information given above is true and complete to the						OIL CONSERVATION DIVISION				
best of my knowledge and belief.					Date Approved JAN 2 0 1993/					
Minnen TI	non	ru)						_/	••••••••••••••••••••••••••••••••••••••	
Signature					By But Chang				-	
Shannon McMorris		Production Assistant			SUPERVISOR DISTRICT #3				r #3	
Printed Name 1/18/94	Title 505 326 0526			Title			- · w · 111W	• • •		
1/18/94 505326-9526  Date Telephone No.					1					
				- :	<u> </u>	***************************************				

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

- 1) Request for allowable for newly drilled or deepened well must be accompained 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.

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State of New Mexico Energy, Minerals and Natural Resources Department

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.											
Operator Meridian Oil Inc.						Well API No. 30 039 25 288					
Address	***************************************	***************************************	***************************************				570000	.0			
		mington, N	New Mexico	87499	<u></u>						
	Reason(s) for Filing (Check proper box)					Other (Please explain)					
New Well	Change in Transporter				<del></del> :						
Recompletion	==	Oil		Dry Gas	===						
Change in Operator		Casinghead	d Gas X	Condensate							
If change of operator g			***************************************	***************************************		***************************************	***************************************	***************************************			
and address of previou	-							*************			
II. DESCRIPTIO	N OF WE					117:1 -61		y			
San Juan 29-4 Unit		Well No. 200	Pool Name, Inclu Basin FRC	ding Formation		Kind of Lease State, Feder	al or Fee	Lease No. SF-079893 A			
Location		· <b>4</b>	1		*******	-i		01 0170752			
Unit Letter	K	1990	Feet form the	South	Line and	1850	Feet From The	West	Line		
Section	30	Township	29 North	Range	4 West	,NMPM,	***************************************	Rio Arriba	County		
III. DESIGNATIO		ANSPUR	TER OF O	IL AND N	<del>,</del>			***************************************			
Name of Authorized Transpo Meridian Oil Inc	rter of Oil		or Condensate	Address (Give address to which approved copy of this form to be sent) P.O. Box 4289, Farmington, NM 87499				e sent)			
Name of Authorized Transpo	rter of Casinghea	nd Gas	or Dry Gas		<del></del>	************	ch approved copy	******	sent)		
EPNG	rect of capitightee	L Gas		X	1		ngton, NM 87		,		
If well produces oil or		Unit	Sec.	1 Twp.	Rge.	Is gas actually		When ?	•••••		
liquids, give location of tanks		K	30	29N	4W	<u> </u>					
If this production is comming		n any other leas	e or pool, give com	mingling order t	number:						
IV. COMPLETIC	ON DATA	O'I W-W	Co- W-II	······································							
Designate Type of Completic	m - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. R	leady to Prod.		Total Depth	<b>i</b>	<del></del>	P.B.T.D.	<u></u>	i		
Elevations (DF, RKB, RT, GR, etc.)		Name of Prod	ucing Formation	<u> </u>	Top Oil/Gas	Day	Tubing Depth				
Sievaniona (Br, Idib, Kr, O	10, 000.)	Traine or From	cong i ormanon		Top Oil Gas	. ray	Tuonig Deput				
Perforations					<b>*</b>		Depth Casing Sho	oe .			
F	<del></del>	TUB	ING, CASING	AND CEM	ENTING	RECORD	**********	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE		CA	SING & TUBING	SIZE	ļ	DEPTH SET		S	ACKS CEMENT		
			······································		ļ		***************************************	ļ			
V. TEST DATA A	ND REO	LEST FO	RALLOW	ARLF.	L		······································	<u></u>	······································		
OIL WEL (Test must be	_				ceed ton allo	wahle for this de	oth or be for full :	(4 hours.)			
Date First New Oil Run To T		Date of Test		Producing Method (Flow, pur				. W 5	7		
Length of Test		Tubing Pressure		Casing Pressure		Choke Size		10-			
Deligar of Test		I doing i ressu		Casing Pressur	•	Choke Siz		400 <b>4</b> i			
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	Water - Bbls.		GasJAN2 0	19941			
	<u> </u>						OIL CON DIVI				
GAS WELL Actual Prod. Test - MCF/D		Length of Test	······································	Bbls, Condensa	nte/MMCF		Gravity d	nea	<u> </u>		
Actual Flour Test - WICE/D		Lengur or Test		Dois. Condense	Bois, Condensate/MMCF			· Po	•		
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size					
VI. OPERATOR	CERTIFIC	L CATE OF	COMPLIA	NCF	<u> </u>		1				
I hereby certify that the				_	0	II CONC	EDVATIO!	v Divisio	N.		
been complied with and that the information given above is true and complete to the					OIL CONSERVATION				<b>)</b> [1		
best of my knowledge as					Date App	roved	JAN	2 0 1998/			
Mannon 7	McM	Orru	/					-1	······		
Signature					Ву		ا (عاندة	Show/	*		
Shannon McMorris		Production Assistant				SUPERVISOR DISTR			г 🕹 🔞		
Printed Name			Title	c	Title				· 19		
1/18/94 Date			505-326-9526 Telephone No		1						
Date			rerebuone M	··	<u>i                                      </u>						

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