

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Ardena, 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.
Address P. O. Box 4289, Farmington, NM 87499		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	<div style="text-align: center;">Change in Transporter of:</div> <div style="display: flex; justify-content: space-around;"> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-around;"> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> </div>	
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator <div style="float: right; text-align: right;"> RECEIVED MAR 18 1991 OIL CON. DIV. </div>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sunray	Well No. 211	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-078487C
Location Unit Letter <u>N</u> : <u>865</u> Feet From The <u>South</u> Line and <u>1770</u> Feet From The <u>West</u> Line Section <u>5</u> Township <u>29N</u> Range <u>8W</u> 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.					P. O. 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					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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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 10p allowable for this depth or be for full 24 hours.)

OIL WELL <i>(Test must be after recovery of well volume of well or well must be equal to or greater than volume for well depth or for gas lift, etc.)</i>			
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	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.

Leslie Kakwanz

Signature
Leslie Kahwajy Regulatory Affairs

Printed Name 3/15/91 Title 505-326-9700

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

MAR 18 1991

Date Approved _____

By Paul J. Chang

SUPERVISOR DISTRICT 13

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.