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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM \$8210				P.O. B	ox 2088	01 4 1010	714	•		(x)	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		S	anta Pe	, New M	exico 875	04-2088					
L	REQ	UEST F	OR AL	TOWAR	BLE AND	AUTHORI	ZATION				
Operator		IVIA	MINOF	JAT UIL	- ANU NA	TURAL G	AS				
MERIDIAN OIL INC.	*						Well	API No.			
Address P. O. Box 4289, Farmi	ington,	New 1	t exico	874	199						
Resecu(s) for Filing (Check proper box)						et (Please expi	ois)	···-			
New Well Recompletion		Change is	Тамеро			•	•				
Change in Operator	Oil Castantos	ed Ges	J Dry Ce Conden			G (700-4	1-1-	2/00		
4.1					ration,	<u>ت ح</u>	itect		2140	7050 050	
•			O I C COR	· corpo	acion,	r. U. I	XX 212	o, Housto	on, IX /	7252-212	
IL DESCRIPTION OF WELL Lease Name	AND LE	Well No.	David No.			· · · · · · · · · · · · · · · · · · ·					
FEDERAL "B"		1	LOCK LC		Pormation DAKOTA			of Lease Federal or Per		22 No. 19411	
Location		——————————————————————————————————————	<u></u>	DAOIN	DAKOTA				1 11110	13411	
Unit Letter N	- : -	<u> 190</u>	_ Foot Pro	on The	<u>S_u.</u>	. and <u>18</u>	<u>50</u> r	est From The _	\mathcal{W}	Line	
Section 31 Township	30 1	V	.	11	W		AN JUAN				
			Rassa			MPM, 3	AIT OUAIT			County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL ANI	D NATU	RAL GAS					•	
Meridian Oil Inc.	X	or Coade	amie		Address (Giv	e eddress to wi Box 4289,	vich approved Farmir	d copy of this for naton . No	rm is to be se 87499	ord)	
Name of Authorized Transporter of Casing Sunterra Gas Gatherin	pheed Ges	/0	or Dry	Gen X	Address (Giv	e address so wi	ich approve	l copy of this fo	rm is to be se	on()	
If well produces oil or liquids, give location of tanks.	1 0 0 0			Is gas actually connected? When							
If this production is commingled with that	from any of	her lease or	poal eiv	t commisel	las order sumi	har:	1				
IV. COMPLETION DATA						····		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		**************************************	
Designate Type of Completion	- (X)	Oil Well	0	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	o Prod.		Total Depth	<u> </u>	<u> </u>	P.B.T.D.		1	
					•			1.2.1.2.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Performices	<u> </u>						 	Depth Casing	.Shoe		
									,		
	TUBING, CASING AND				CEMENTI		D				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
			•			- 1.51 10 1		 			
											
TECT DATA AND DECLES	T POR	1170	A 50 8 80								
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he amial to	avasad tan all-	makla for sk!	la dansk av ka f	الراج من	-1	
Date First New Oil Rua To Tank	Date of Ty	171 A	A			exceed top also whod (Flow, pu			и јии 24 пом	<i>3.</i> /	
)) R (GE	W B	IN.						
Length of Test	Tubing Pe	the	_		Press	· (0)	EGE	pd S	m		
Actual Prod. During Test	Oil - Bble.	— AU	G17	1990	Water - Bbla.			Gas- MCF	 		
· •			~	וע <u>י</u>	_		JUL 8	1990			
GAS WELL			DIST.	DIV	•;		1 00	I Bha	1	· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCF/D	Length of	Tost	APAI+	<u> </u>	Bbla. Conden	mte/MMCF		Grand Grand	poden sata	٦	

VL OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and terrulations of the Oil Conservation. Luvision nave been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

Testing Method (pitet, back pr.)

anwayy Serv. Supervisor Leslie Kahwajy

6/15/90 (505)326-9700 Dute Telephone No.

OIL CONSERVATION DIVISION...

Choke Size

AUG 1 7 1990 Date Approved

By.

SUPERVISOR DISTRICT #3 Title.

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

Tubing Pressure (Shut-in)

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Casing Pressure (Shut-in)

- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.