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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc.	Well API No.
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input 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 Morris A	Well No. 4	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal (or Fee)	Lease No. Fee
Location Unit Letter <u>G</u> : <u>1567</u> Feet From The <u>North</u> Line and <u>1637</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>30N</u> Range <u>11W</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"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 15	Twp. 30	Rge. 11	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
		X				X		X
Date Spudded 04-08-54	Date Compl. Ready to Prod. 06-07-90		Total Depth 2340'		P.B.T.D. 2277'			
Elevations (DF, RKB, RT, GR, etc.) 5829' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2080'		Tubing Depth 2256'			
Performances 2080-88', 2140-42', 2146-52', 2156-61', 2168-71', 2242-68' w/2					Depth Casing Shoe spf			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/8"	9 5/8"		108'		125 sx			
8 3/4"	5 1/2"		2282'		150 sx 75			
	1 1/2"		2256'					

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	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.) backpressure	Tubing Pressure (Shut-in) SI 311	Casing Pressure (Shut-in) SI 315	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
6-21-90
Date
326-9700
Telephone No.

Reg. Affairs
Title

OIL CONSERVATION DIVISION

JUN 26 1990

Date Approved

By

SUPERVISOR DISTRICT #3

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.

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION

Form C-103

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator
Meridian Oil Inc.

3. Address of Operator
PO Box 4289, Farmington, NM 87499

4. Well Location
1567'N, 1637'E
Sec.15,T-38-N,R-11-W NMPM San Juan County

API NO. (assigned by OCD)

5. Type of Lease
Fee

6. State Oil & Gas Lease #
Fee

7. Lease Name/Unit Name
Morris A

8. Well No.
4

9. Pool Name or Wildcat
Basin Fruitland Coal

10. Elevations
' GR

11. Intent to/Subsequent Report of : Recompletion to Fruitland Coal

12. Describe proposed or completed operations:

05-31-90 MOL&RU. Kill well w/wtr. NDWH. NU BOP. TOOHH, LD 1" tbg. SDFN.
06-01-90 TIH to 2280'. COOH. Ran CCL to btm of csg @ 2282'. TIH w/5 1/2"
Baker CIBP set @ 2277'. Load hole. PT csg 3000#/15 min, ok. Ran
GR, CCL & CNL 2277-1277'. Perf'd 2242-68', 2168-71', 2156-61',
2146-52', 2140-42', 2080-88' w/2 spf.
06-02-90 TIH w/SAP tool & straddle perfs. Wash w/10 gal. 7.5% HCl. TOOHH.
TIH w/tbg, swabbed. SD for weekend.
06-04-90 TOOHH w/tbg. Frac w/10,920# 40/70 sand & 138,984# 20/40 sand and
109,867 gal. fluid. SI for gel to break. SDFN.
06-05-90 TIH, tag fill @ 2244'. CO to 2277'. TIH w/tbg. Flow to pit.
SDFN.
06-06-90 Swabbed well. SDFN.
06-07-90 Swabbed well. Landed 69 jts 1 1/2", 2.9#, J-55 EUE tbg @
2256'. SN @ 2225'. ND BOP. NU WH. Released rig.

SIGNATURE

Reggie Branfield

Regulatory Affairs

6-20-90
Date

(This space for State use)

APPROVED BY Original Signed by FRANK T. CHAVEZ
CONDITION OF APPROVAL, IF ANY:

TITLE

SUPERVISOR DISTRICT #

DATE JUN 25 1990

Plug back TD
with CIBP @
2277'

Temp
abandoned