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Appropriate District Office  
DISTRICT I  
P.O. Box 1900, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED  
See Instructions  
at Bottom of Page

DEC 19 1989

OIL CON. DIV  
DIST. 2

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.	Well API No.
Address P.O. Box 4289, Farmington, New Mexico 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 checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> to Fruitland Coal
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 Schumacher	Well No. 6	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-077764
Location				
Unit Letter A	: 990	Feet From The North	Line and 990	Feet From The East
Section 18	Township 30N	Range 10W	, 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) P.O. 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) P.O. Box 4090, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 18
	Twp. 30N	Rge. 10W
	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 11-53	Date Compl. Ready to Prod. 09-26-89		Total Depth 3004'		P.B.T.D. 2852'			
Elevations (DF, RKB, RT, GR, etc.) 6313' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2675'		Tubing Depth 2835'			
Performances 2675-90', 2730-40', 2842-46' w/4 spf					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8 5/8"	136'	175 sx
	5"	2868'	150 sx
	1 1/4"	2835'	

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.) back pressure	Tubing Pressure (Shut-in) 786 (Shut-in)	Casing Pressure (Shut-in) 812 (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.

  
Signature: \_\_\_\_\_  
Peggy A. Bradfield Regulatory Affairs  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Date 12-15-89 Telephone No. 327-9727

OIL CONSERVATION DIVISION

Date Approved: JAN 08 1990

By \_\_\_\_\_ Original Signed by FRANK T. CHAVEZ

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.