Cubmit 5 Cooles
Appropriate District Office
DISTRICT 3
P.O. Box 1980, Hobbs, NM \$2240

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

## OIL CONSERVATION DIVISION P.O. Drawer DD, Artesia, HM \$1210 P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWARI F AND ALITHO

<u>L</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOTA	ANSF	PORTO	I AND N	ATURAL	HIZATK	ON			
Openior MERIDIAN OIL INC.			0 11 101	0111 01	LANDIN	ATUNAL		Wall API No.			
Address P. O. Box 4289, Farm	ington	Nov.	———	- 07	400	<del></del>	L				
Resease(s) for Filing (Check proper box)	ington,	new	mexic	0 8/	499 /						
Now Well		Change	in Traces	orter of:	□ 0	ther (Please e					
Recompletion	Oli Chalantes		Day o			8/	fec	. 6-2:	3-90		
If change of operator give name unit of address of previous operator					oration,		<u>/</u>	120, Housto		77252 2120	
IL DESCRIPTION OF WELL								zedy nousee	/// 1A /	1232-212	
Lease Name TRIGG			Pool N		ing Formation			Cind of Lease	C L	esse No.	
Location		- ( )	1,	DEAM	C)			State, Pederal or For	370	80876	
Unit LotterN	: <u> </u>	<u>v</u>	_ Feet P	roma Thee	<u>S</u> u	ne and	<u>000</u>	_ Feet From The _	w	Line	
Section 25 Townshi	P	31N	Range	<u>09W</u>	1	WPM,	SAN J	JAN		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oll Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent)										
house of Australia A. T.				P. U. Box 4289, Farmington, NM 87499							
"Union Texas Petrolrum	nion Texas Petrolrum Corp. 11.			Gu 🔯   Duc	Address (Give address to which app			ton, TX 77252-2120			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	Rga	ls gas actual	ly connected?	, 110 G3 C	Vhen 7	232-212	<u> </u>	
If this production is commingled with that	from may other	r lease or	pool, giv	e commine	ing order nur			<del>,</del>			
IV. COMPLETION DATA		γ							<del></del>		
Designate Type of Completion	- (X)	Oli Well	'   '	Jas Well	New Well	Workover	Doep	Piug Back	Same Res'v	Diff Resv	
Date Spudded	Date Compl	Date Compt. Ready to Prod.				J		P.B.T.D.	P.B.T.D.		
Devasions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Ges Pay			Tubing Depth	Tubine Death		
Perforations											
								Depth Casing	Shoe		
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			S	SACKS CEMENT			
. TEST DATA AND REQUES	T FOR AL	LOWA	BLE		·						
OLL WELL (Test must be after re Date First New Oil Run To Tank	covery of tota	d volume :	of load o	d and must	be equal to or	exceed top at	iowable for	this depth or be for	full 24 hours	IJ	
tte Furst New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure			Casing Pressure			(T) Phoke Size				
Actual Prod. During Test	Oil - Bhis.			Water - Bbla.			MAN-MORT	LVIQ NO JOHN ST			
CACTORIA					·		-	302	~N-1	PANC.	
GAS WELL  Letteral Frod. Test - MCF/D   Letteral of Test								-Oil	U113	معد. المسيدا	
Central of 16st					Bbla. Condensate/MMCF			Gravity of Continual			
eting Method (pitot, back pr.)	lubing Pressure (Shut-m)			Casing Pressure (Shut-in)			Choke Size	Choke Size			
L OPERATOR CERTIFICA	TE OF C	OMPI	JAN	TE	f						
I bereby certify that the pulse and monitorious of the Car Consensation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JUL 0 3 1990						
Lastin Hat					Date Approved						
Signature Signature					By Bin) chang						
Leslie Kahwajy Prod. Serv. Supervisor					SUPERVISOR DISTRICT 43						
6/15/90 (505)326-9700 Date Telephone No.					Title						
		1 cach	-cm 140	·							

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.