

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

|   |   |
|---|---|
| <p>1. Type of Well<br/>GAS</p> <hr/> <p>2. Name of Operator<br/>Meridian Oil Inc.</p> <hr/> <p>3. Address &amp; Phone No. of Operator<br/>Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M.<br/>1100'S, 1060'W Sec.23, T-31-N, R-9-W, NMPM</p> | <p>5. Lease Number<br/>SF-078505</p> <p>6. If Indian, All. or<br/>Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name &amp; Number<br/>Seymour #5</p> <p>9. API Well No.</p> <p>10. Field and Pool<br/>Blanco Mesa Verde</p> <p>11. County and State<br/>San Juan County, NM</p> |
|---|---|

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

| Type of Submission                         | Type of Action                           |  |
|--|--|--|
| <input type="checkbox"/> Notice of Intent  | <input type="checkbox"/> Abandonment     | <input type="checkbox"/> Change of Plans         |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion    | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Final Abandonment | <input type="checkbox"/> Plugging Back   | <input type="checkbox"/> Non-Routine Fracturing  |
|  | <input type="checkbox"/> Casing Repair   | <input type="checkbox"/> Water Shut Off          |
|  | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
|  | <input type="checkbox"/> Other           |  |

13. Describe Proposed or Completed Operations

A workover was concluded 9-14-91 to clean out fill from across the Lower Point Lookout perforations. There was 102' of fill to PBTD of 5681'. Only 2' of fill was removed to 5571' due to tight hole conditions @ 5569'. The tbg was rerun and landed @ 5561'. The well will be swabbed back into production.

A notice of intent was not filed prior to moving on location as it was not intended to change the wellbore configuration.

001101991

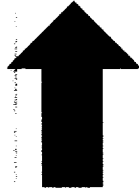
BLM CON. DIV.  
DIST. 13

14. I hereby certify that the foregoing is true and correct  
Signed [Signature] (DM) Title Regulatory Affairs Date 09-30-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITION OF APPROVAL, IF ANY: Smr

NMOCD



**LTR**



**Job separation sheet**

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

**OIL CONSERVATION DIVISION**  
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<br><b>MERIDIAN OIL INC.</b>  |  | Well APN No. |
| Address<br><b>P. O. Box 4289, Farmington, New Mexico 87499</b>  |  |              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> <b>Effect. 6-23-90</b><br>Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  |              |
| If change of operator give name and address of previous operator <b>Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120</b>   |  |              |

**II. DESCRIPTION OF WELL AND LEASE**

|   |                      |   |  |                              |
|---|----------------------|---|--|------------------------------|
| Lease Name<br><b>SEYMOUR</b>  | Well No.<br><b>5</b> | Pool Name, including Formation<br><b>BLANCO MESAVERDE</b> | Kind of Lease<br>State, Federal or Fee | Lease No.<br><b>SF078505</b> |
| Location<br>Unit Letter <b>M</b> : <b>1100</b> Feet From The <b>S</b> Line and <b>1060</b> Feet From The <b>W</b> Line<br>Section <b>23</b> Township <b>31N</b> Range <b>09W</b> , <b>NMPM</b> , <b>SAN JUAN</b> County |                      |   |  |                              |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|  |  |      |      |      |                            |       |
|--|--|------|------|------|----------------------------|-------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>Meridian Oil Inc.</b>                   | Address (Give address to which approved copy of this form is to be sent)<br><b>P. O. Box 4289, Farmington, NM 87499</b>  |      |      |      |                            |       |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br><b>Union Texas Petroleum Corp.</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 2120, Houston, TX 77252-2120</b> |      |      |      |                            |       |
| 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 |           |            |            |
| <b>TUBING, CASING AND CEMENTING RECORD</b> |                             |          |                 |          |                   |           |            |            |
| 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 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                               |           |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF |

**GAS WELL**

|                                  |                           |                           |                        |
|----------------------------------|---------------------------|---------------------------|------------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Quantity 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 Kahwajy*  
Signature **Leslie Kahwajy** Prod. Serv. Supervisor  
Printed Name **6/15/90** (505)326-9700  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **JUL 03 1990**

By *[Signature]*  
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.