Submit 5 Cor Appropriate District Office 2.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

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., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Meridian Oil Inc. Address P. 0. Box 4289, Farmington, NM 87499 Reason(s) for Filing (Check proper box) Other (Please explain) New Well age in Transporter of: \propto Dry Gas Recompletion Effective 11/1/91 Condense Change in Operator Casingh ad Gas If change of operator give name and address of previous operator IL DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lea Leam No. State, Federal or Fee Seymour <u>Blanco Mesaverde</u> SF078505 Unit Letter __D 1180 Feet From The North 920 Feet From The West 23 Township 31N 9W San Juan Range County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Cond P. O. Box 4289, Farmington, NM 87499 Meridian Oil Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas 📉 Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, NM 87413 Sunterra Gas Gathering Company If well produces oil or liquids, Unit Sec Twp. Rge. Is gas actually connected? When? give location of tanks. If this production is commingled with that from any other lesse or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Plug Back Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **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 Casing Pressure **Tubing Pressure** ១ 1991 Gas- MCF Actual Prod. During Test Water - Bbis. Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Length of Test Gravity of Co Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given about NOV 0 8 1991 is true and comp te to the best of my knowledge and belief. Date Approved By_ Leslie Kahwajy SUPERVISOR DISTRICT #3 Title

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

505-326-9700

11/1/91

Date

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

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.