

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 Meridian Oil, Inc. Well API No. _____

Address P.O. Box 4289, Farmington, New Mexico 87499

Reason(s) for Filing (Check proper box)

New Well Other (Please explain)

Recompletion

Change in Operator Change in Transporter of:

Oil Dry Gas

Casinghead Gas Condensate Effective 11/1/89

If change of operator give name and address of previous operator Amoco Production Company, P.O. Box 800, Denver, Colo. 80201

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Juan 32-9 Unit</u>	Well No. <u>17A</u>	Pool Name, Including Formation <u>Blanco Mesa Verde</u>	Kind of Lease, USA State, Federal or Fee <u>USA</u>	Lease No. <u>SF 078438</u>
Location Unit Letter <u>F</u> : <u>1500</u> Feet From The <u>North</u> Line and <u>1600</u> Feet From The <u>West</u> Line	Section <u>08</u> Township <u>31N</u> Range <u>09W</u> , <u>NMPM</u> , <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Meridian Oil Transportation, Inc.</u>	<u>P.O. Box 4289, Farmington, N.M. 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990, Farmington, N.M. 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit <u>F</u> Sec. <u>08</u> Twp. <u>31N</u> Rge. <u>09W</u>	

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
<input checked="" type="checkbox"/>								
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	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

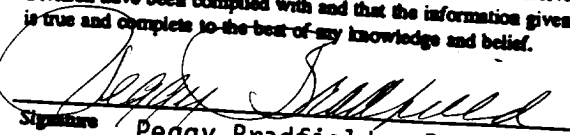
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

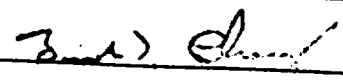
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 - Regulatory Affairs
Printed Name
Date 10/28/89 Telephone No. (505) 326-9700
Title _____

OIL CONSERVATION DIVISION

Date Approved OCT 30 1989

By 
Title SUPERVISOR DISTRICT #3

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104 with Rule 111.
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filled out for allowable on new and recompleted wells.
 - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - Separate Form C-104 must be filed for each pool in multiply completed wells.