

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

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
MERIDIAN OIL INC.

Well APN No.

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

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of: ☐ Other (Please explain)

Recompletion ☐ Oil ☐ Dry Gas ☒

Change in Operator ☒ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator

Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120

Effec. 6-23-90

II. DESCRIPTION OF WELL AND LEASE

Lease Name HUNSAKER	Well No. 2R	Pool Name, Including Formation BLANCO MESAVERDE	Kind of Lease State, Federal or Fee	Lease No. SF078506
Location Unit Letter <u>B</u> : <u>1140</u> Feet From The <u>N</u> Line and <u>1750</u> Feet From The <u>E</u> Line Section <u>26</u> Township <u>31N</u> Range <u>09W</u> , <u>NMPM</u> SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☒ 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 ☐ or Dry Gas ☒ Union Texas Petroleum Corp.								Address (Give address to which approved copy of this form is to be sent) P.O. Box 2120, Houston, TX 77252-2120	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?			

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 Shoes			
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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
 3 1990

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	OIL CON. DIV. DIST. 3
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Civil 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 Leslie Kahwajy
 Printed Name Leslie Kahwajy Prod. Serv. Supervisor
 Date 6/15/90 Telephone No. (505) 326-9700

OIL CONSERVATION DIVISION

JUL 03 1990

Date Approved

By

Title

SUPERVISOR DISTRICT 13

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.