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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

A.		<u>IO</u> IN	1001	CHIO	L AND NA	NTURAL G	AS				
Operator Meridian Oil Inc.	<u>. </u>						Well	API No.			
Address	-			 -							
P. O. Box 4289, Far	mington.	NM 8	37499	9						•	
Resson(s) for Filing (Check proper box)				Ot	net (Please exp	ain)				
New Well		Change in	1		_						
Recompletion	Oil	\=	Dry (Ef	fective	11/1/91				
Change in Operator If change of operator give name	Casinghead	d Gas	Cond						_		
rue segmen or branions obsessor.											
IL DESCRIPTION OF WEL	L AND LEA	SE									
ease Name Well No. Pool Name, Inc.				Name, Includ	ding Formation Kind			of Lesse Less No.			
Quinn								ste, Federal or Fee SF078511			
Location	005										
Unit Letter P	<u> </u>		Foot I	From The $\frac{S}{L}$	outh ,	. 90	5 F	eet From The	East	Line	
Section 17 Towns	hip 31N		D	. 8	Ш	Sa	n Juan				
Section 27 Town	arp Jin	·	Range	0	M	. Sa	n Juan			County	
II. DESIGNATION OF TRA	NSPORTE	R OF O	IL Al	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conde	Me		Address (Gir	ve address to w	nich approve	copy of this	form is to be	sers)	
Meridian Uti Inc.					P. O. Box 4289, Farmington, NM 87499						
Name of Authorized Transporter of Cas Sunterra Gas Gather		any	or Dry Gas 👗		Address (Gir	Pov. 1000	uch approve	copy of this form is to be seru)			
If well produces oil or liquids,	Unit Sec.		Twp. Rge.		P. O. Box 1899, Blo						
ive location of tanks.	1	J G	i inahr	K8ar	IN BUT SCHOOL	ly connected?	When	1 ?			
this production is commingled with the	at from any other	er lease or	pool, g	ive commine	ling order num	ber:		·· · ·			
V. COMPLETION DATA											
Designate Type of Completio	n (%)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		1	L_			<u> </u>		<u></u>	<u> </u>		
name alterned	Date Compi	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducine Fo	omatio	<u> </u>	Top Oil/Gas Pay			Table B			
						Tubing Depth					
Perforations								Depth Casir	ng Shoe		
1101 5 0175	TUBING, CASING AI						D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
											
			-								
			_								
. TEST DATA AND REQUI					*************************************						
OIL WELL (Test must be after Date First New Oil Run To Tank			of load	oil and must					for full 24 ha	ners.)	
Date First New Oil Kum 10 1ank	Date of Test	Date of Test				ethod (Flow, pu	mp, gas lift,	uc.)	EG		
ength of Test	Tubing Pres	sire			Casing Press	ire	-	Choke 114	1000 130	514 E	
•	, ou								NOV	8 1991	
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	1107	0 1001	
									DIL CO	ON. DIV	
GAS WELL						_			DI	ST. 3	
Actual Prod. Test - MCF/D	Length of To	est			Bbis. Condes	sste/MMCF		Gravity of C		<u> </u>	
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	-		
/I ODED ATOD CEDOWN	7 A (TPP) 675			100	<u> </u>						
/L OPERATOR CERTIFIC				NCE	\parallel ϵ	DIL CON	ISFRV	ATION	DIME	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION NOV 0 8 1991						
is true and complete to the best of my	knowledge and	belief.	•		Date	Approve		ו סעצט!	וככ		
Zan:	1/nh	مسا ر ر	11	1				1			
Simon of white					By_ Bul) Chang						
Signature Leslie Kahwajy	Product	tion A	Ha (st	" -			SOR DIS	TRICT :	4 3	
Printed Name			Title	- i	Title		JUILITY	DIS	inici	r y	
11/1/91 Date	505-326										
		Tele	phone i	NO.	11						

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.
- 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.