

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Meridian Oil Inc.

Address PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box):
 New Well
 Recompletion
 Change in Ownership

Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate

Other (Please explain):
Order R-8768 changed the pool TO THE BASIN FRUITLAND COAL

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Howell D</u>	Well No. <u>350</u>	Pool Name, including Formation <u>Basin Fruitland Coal</u>	Kind of Lease State, (Federal or) Fee	Lease No. <u>SF-078387</u>
Location Unit Letter <u>E</u> ; <u>1450</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u>	Line of Section <u>28</u> Township <u>31N</u> Range <u>8W</u> , NMPM, <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"/> <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4289, Farmington, NM 87499</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 4990, Farmington, NM 87499</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>28</u>
	Twp. <u>31N</u>	Rge. <u>8W</u>
	Is gas actually connected? _____ when _____	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

[Signature]
Regulatory Affairs (Signature)

November 14, 1988 (Date)

OIL CONSERVATION DIVISION

APPROVED NOV 10 1988, 19____

BY ORIGINAL SIGNATURE
DEPUTY OIL & GAS INSPECTOR, DIST. #1

TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 05-24-88	Date Compl. Ready to Prod. 06-23-88		Total Depth 3390'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 6519'GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3225'		Tubing Depth 3379'				
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		431'		295 cu.ft.				
8 3/4"	7"		3195'		1183 cu.ft.				
6 1/4"	5 1/2"		3376'		did not cmt				
	2 3/8"		3379'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	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.) backpressure	Tubing Pressure (Shut-in) 307	Casing Pressure (Shut-in) ---	Choke Size