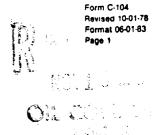
## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

PO. 00 COPICO DEC	****	
DISTRIBUTIO	OM	
SANTA PE		
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OF	ICE	

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



REQUEST FOR ALLOWABLE

AND

ALITHOPIZATION TO TRANSPORT OIL AND NATURAL GAS

PROBATION OFFICE AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL GAS				
T. Operator					
Meridian Oil Inc.					
PO Box 4289, Farmington, NM 87499					
Reason(s) for filing (Check proper box)	Other (Please explain)				
New Well Change in Transporter of:	rom pool to the Basin Fruitland				
	, con   pool to the Basin' Fruitland				
Change in Ownership Casinghead Gas Col	ndensate Coal				
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE					
Well No. 1 Pool Indiate, Inc. and in	tland Coal Since Federal of Fee SF-078387				
Howell D 350 Basin Fruit	tland Coal   State, Federal of Fee SF-078387				
Location E 1450 North Line	790 West				
	ow San Juan				
Line of Section 28 Township 31N Range	8W , NMPM, Sall Juali County				
Name of Authorized Transporter of Calinghead Gas or Dry Gas All Paso Natural Gas Company  If well produces oil or liquids, give location of tanks.	PO Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499  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.	OIL CONSERVATION DIVISION				
VI. CERTIFICATE OF COMPLIANCE					
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED				
been complied with and that the information given is true and complete to the best of	ORIGINAL SIGNED BY FINDE BUSCH				
my knowledge and belief.	TITLE DEPUTY CR G CAS DATEGOR, DIST. 912				
	<b>{</b> {				
	This form is to be filed in compliance with RULE 1104.				
Allin Stell Eccel	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				
Regulatory Affairs	tests taken on the well in accordance with AULE 111.				
	All sections of this form must be filled out completely for allow able on new and recompleted wells.				
November 14, 1988 (16)	Fill out only Sections I. II. III. and VI for changes of owner				
(Date)	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 weils.				

	tion - (X)	Oil Well	Gas Well X	X New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Resty
05-24-88	1	Ready to P 6 - 23 - 8		Total Depth	3390'	L	P.B.T.D.	<u> </u>	
		land Coal Top Oil/Gas Pay			Tubing Depth 3379 *				
Perforetions						Depth Casing Shoe			
		TUBING,	CASING, AN	CEMENTIN	G RECORD		<u>.L</u>		
HOLESIZE	CASIN	G & TUBII		1	DEPTH SET		SA	CKS CEMEN	Ť
12 1/4"	9	0,0			431'		295 cu.ft.		
8 3/4"	/	11		3	195'		1183 cu.ft.		
0 1/4"	6 1/4" 5 1/2"			3	376'			t cmt	
2		3/8"		3	379'		+==	C Cin C	
V. TEST DATA AND REQUES	I FOR ALLO	$w$ able $\sigma$	est must be a	iter recomann o	ftotal values	of land all			
OIL WELL Date First New Oil Run To Tanks	Date of Test		ble for this de	PER OF DE JOF J	ull 24 howe) Pthod (Flow, p			ual to or exce	ed top allou
OIL WILL			bla for this de	PER OF DE JOF J	othod (Flow, p			LAL TO OF EXCE	ed top allow
Date First New Oil Run To Tanks	Date of Test		ble for this de	Producing M	othod (Flow, p		(t, etc.)	ual to or exce	ed top allow
Date First New Oil Run To Tanks Length of Test	Date of Test Tubing Press		ble for this de	Producing M	othod (Flow, p		Choke Size	ual to or exce	ed top ellou
Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test Tubing Press	sure .	ble for this de	Producing M	nt 24 hows)		Choke Size		ed top ellou

IV. COMPLETION DATA