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

## State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azzec, NM 87410 L	REQUEST FO		BLE AND AUTH . AND NATURA	L GAS			
Operator Meridian Oil Inc			· · · · · · · · · · · · · · · · · · ·	Weil	API No.		
Address PO Box 4289, Far	mington NM	87499					
Resecu(s) for Filing (Check proper box			Other (Pleas	e explain)	<del> </del>		
New Well		Transporter of:		<i>-</i>			
Recompletion	Oil 🗆	Dry Gas					
Change in Operator	Casingheed Gas	Condensate					
If change of operator give name and address of previous operator							
IL DESCRIPTION OF WELL	I AND LEASE						
Lease Name	Well No.	Pool Name, Include			of Lease	Lease No.	
Turner	251	Basin	Fruitland	Coal Same	Rederal or Fee	SF-078580	
Unit LetterH	:1450	_ Feet From The	rth Line and _	<b>F</b>	est From TheE	ast <u>lim</u>	
Section 28 Town	thip 30N	Range 9W	, NMPM,	San Jua	ın	County	
III. DESIGNATION OF TRA	NSPORTER OF O	IL AND NATU	RAL GAS				
Name of Authorized Transporter of Oil			Address (Give addres	• • •			
Meridian Oil Inc. Name of Authorized Transporter of Car	ata ata and Care	or Dry Gas 💢	PO Box 42  Address (Give address				
El Paso Natural	Gas Company		PO Box 49	90, Farmi	ngton, N		
If well produces oil or liquids, give location of tanks.	Unit Sec. H 28	Twp.   Rge.   30N  9W	Is gas actually connec	zed? When	<b>1</b> ?		
If this production is commingled with th	ast from any other lease or	pool, give comming	ing order number:				
IV. COMPLETION DATA					1 1-		
Designate Type of Completic		i_×	New Well   Works	over Deepen	Plug Back   Sa	me Resiv Diff Resiv	
<b>Date Spudded</b> 03-26-89	Date Compi. Ready t 0 4-10-8		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F		2540 Top Oil/Gas Pay		Tubing Depth		
5841'GL	Fruitland Coal		2418		2507		
Performions 2418-30', 2				95-2505!	Depth Casing S	ince	
w 2 spf						<del></del>	
				CEMENTING RECORD		SACKS CEMENT	
HOLE SIZE 12 1/4"		CASING & TUBING SIZE		DEPTH SET		177 cu.ft.	
8 3/4"		9 5/8" 5 1/2"		236 '		881 cu.it.	
0 3/4		5 1/2"	2940				
V. TEST DATA AND REQU	EST FOR ALLOW	ABLE		<del></del>			
	er recovery of total volume	of load oil and must	be equal to or exceed	top allowable for th	is depth or be for	full 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, e				
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.		Gas- MCF		
GAS WELL Actual Prod. Test - MCF/D	Leagth of Test		Bbls. Condensate/MA	ACF	Gravity of Cos	idensia	
PARTICULAR - MICE/D	resident or 1 any						
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
backpressure		nole press	re @330		1		
VI. OPERATOR CERTIF  I hereby cartify that the rules and re Division have been complied with a	egulations of the Oil Cons	ervation	1	CONSERV	_		
is true-and complete to the best of t			Date App	roved	<u> 18726</u>	198 <b>9</b>	
Jegan Ska	Aprilo		Or	iginai Signed Dy	FRANK T. CHA	NAET.	
Signature Peggy Bradfield	,	fairs	By	Otrake,	work		
Printed Name 05-09-89	326-9	Title	Title	A RANGE TO A	a er i rema pas		
Date		lephone No.					
			.Jl				

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 filled for each pool in multiply completed wells.