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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	OTRA	ANSPORT O	IL AND NA	TURAL G	AS					
Operator				· · · · · ·			API No.				
Meridian Oil Inc.				<u> </u>							
PO Box 4289, Far	minato	n. WM	1 37499								
Remon(s) for Filing (Check proper box)				Out	et (Please expu	aur)					
New Well		Change in	Transporter of:	_		,			į		
Recomptetion	Oil		Dry Gas						ļ		
Change in Operator If change of operator give name	Casingheed	Gas 1	Condenses								
and appear of bisarion obstatos											
IL DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	Well No. Pool Name, include			ding Formation		Kind	Kind of Lease Lease No.				
Grambling C		200	Basin Fi	cuitland	Coal	State.	(Federal)or Fe		78200A		
Location		0.0									
Unit LetterA	_ :	80	Feet From The _	North Lin	e and	<u>605</u> R	et From The	East	Line		
Section 12 Townshi	3 0°N	ī	Range 10W	3. 11	oma Sa	an Juar					
TOWNER TO TOWNER	9 301	<u> </u>	Kinge 1071	, NI	мрм, Sa	iii o dai	1		County		
III. DESIGNATION OF TRAN	SPORTER	OF O	IL AND NAT	URAL GAS							
Name of Authorized Transporter of Oil Meridian Oil Inc		or Conder	X		e 000Fess 10 w/						
Name of Authorized Transporter of Casin			an Day Can Tar	PO Bo	ox 4289	, Farm	ington	, NM 8	37 499		
	Althorized Transporter of Casingness Gas or Dry Gas X Paso Natural Gas Company						ed copy of this form is to be sent) nington, NM 87499				
If well produces ou or liquids,			, ,	r i le gas actuali		When		, INPI O	7477		
give location of tanks.	A	12	30N 10	W			. •				
If this production is commingled with that	from any othe	r lease of	pool, give commin	ging order num	ber:						
IV. COMPLETION DATA		100.00		1		1	·,	,			
Designate Type of Completion	- (X)	Oil Well	Gas Weil	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Resv		
Date Spudded	Date Compt	. Ready to		Total Depth	L	<u> </u>	P.B.T.D.	<u> </u>			
06-22-89	0	7-14	- 89	!	3048'						
Elevations (DF, RKB, RT, GR, etc.)		-		Top Oil/Gas	Pay		Tubing Depth				
	Fruit				2930'			3030'			
2930-41', 2 3024-40' w/4 spf	2945 - 49)', Z	982-891,	2999-30	101,		Depth Casii	ng Shoe			
3024 40 W/4 SSI	π	JBING.	CASING ANI	CEMENTI	NG RECOR	D					
HOLE SIZE			JBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4" 3 3/4"	9 5/8"			. 2	230'			236 cu.ft.			
0 3/4	5 1/2"				3046			1133 cu.ft.			
	2	<u>3/8"</u>		30	30'				··		
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE				·				
OIL WELL Test must be after r	ecovery of loto	i volume	of load oil and mu					for full 24 hou	73.		
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	mp. gas iýt, e	uc.)				
Length of Test	Tubing Pressure			Casing Pressu	Casing Pressure			Choke Size			
	. soing 1 icanic			· · · · · ·	Canal I Iversity			3.00. 3.00			
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.	Water - Bbis.			Gas- MCF			
	·			:			·				
GAS WELL											
Actust Prod. Test - MCF/D Length of Test			Bbis. Conden	Bbls. Condensus/MMCF		Gravity of Condensate					
Testing Method (pilot, back pr.)	Tubing Pressure (Shist-in)			Casing Pressu	m (Sustain)		Choke Size				
backpressure	SI 608			_	SI 610			Circa Sigs			
VL OPERATOR CERTIFIC	ATE OF	COMP	TIANCE	-i							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				(OIL CONSERVATION DIVISION						
and the my anomaly and better.				Date	Date Approved						
May Shalfield					Original Signed by FRANK T. CHAVEZ						
				By_	U rig!	<u>- มเรียงตุ</u>	DY HUMAK	I. CHAVEZ			
Peggy Bradfield, Regulatory Affairs						waterfall at					
7-27-89 326-9727				Title.		MARI RATS	9¥	# 1			
Date			phone 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.
- 2) 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.