Appropriate District Office
DISTRICT!
P.O. Box 1990, Hobbs, NM \$1240

Energy, Minerals and Natural Resources Department

Form C-100 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Asteria, NM \$8210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator							Well API No.			
Meridian Oil Inc.						30	-045-274-74			
Addres P.O. Box 4289, Farmin	gton, N.M.	874	199							
Resson(s) for Piling (Check proper box)		······································		Othe	t (Please explo	sir)				
New Well		_	apporter of:							
Recompletion U	Oil Coinstant Con	$\overline{}$	y Cous ∐							
Consider the Constant of the C	Crainghead Gas		odensate	F 00	- 61 -	• •			<u></u>	
and address of previous operator	moco Produ	ction	1 Co. 2325	E. 30tl	n St. Fa	rmingto	n, N.M. 8	37401	•	
Lease Name	DESCRIPTION OF WELL AND LEASE Uses Name Well No. Pool Name, Including					Kind o	Kind of Lease No.			
San Juan 32-9 Unit	103 Blanco Pi			-	liffs		State (Federal br Fee SF-078		3438	
Location	I - 			o ou cu	<u>, , , , , , , , , , , , , , , , , , , </u>	l				
Unit LetterA	: 1170	Fe	et From TheN	orth Line	and10	00' Fe	et From The	East	Line	
Section 18 Townshi	in 31N	R:	nge 9W	. 10	/PML	San Jua	n	_	County	
III. DESIGNATION OF TRAN		F OIL		RAL GAS			6.11.6.	- is to be se		
Nums of Authorized Transporter of Oil Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, N.M. 87499									
Name of Authorized Transporter of Casinghead Gas or Dry Gas (X)					Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas			N) CEL EX				rmington, N.M. <u>87499</u>			
If well produces oil or liquids,	Unit Soc.	1	wp. Rge.	Is gas actuall			Whea ?			
rive location of traks.	A 18	3 i	31N 9W	No		i				
If this production is commingled with that	from any other lea	se or por	ol, give comming	ing order num) () () () () () () () () () (
IV. COMPLETION DATA			Υ	· · · · · · · · · · · · · · · · · · ·	Y			lama Berlin	Diff Res'v	
Designate Type of Completion	1 - (X) I	Well	Gas Well	New Well	Workover	Deepen	Plug Back	ame Kes v	PAII REEV	
Date Spudded	Date Compl. Res	dy to P	rod.	Total Depth	<u> </u>	_1	P.B.T.D.	· · · · · · · · · · · · · · · · · · ·	<u>.l</u>	
Elevations (DF, RKB, MT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				<u> </u>			Depth Casing Shoe			
	TUBI	NG. C	ASING AND	CEMENTI	NG RECOF	D				
HOLE SIZE				DEPTH SET			SACKS CEMENT			
			,	 			 			
	+			 						
V. TEST DATA AND REQUE	ST FOR ALL	OWAI	BLE	1			J			
OIL WELL (Test must be after				be equal to o	exceed top al	lowable for th	is depth or be fo	r full 24 hou	73.)	
Date First New Oil Pun To Tank	Producing Method (Flow, pump, gas lift, etc.)									
				C. S. Constant State						
Leagth of Test	Tubing Pressure	Tubing Pressure			e e e	E A R	PORE SIZE			
Actual Band During Test	Oil But	On Die			<u> </u>		GAS- MCF			
Actual Prod. During Test	Oil - Bbla.	bis.			JAN31	19 90 .				
CAC YUEL!					1 ~~^	J. DIV				
GAS WELL Actual Fred. Test - MCF/D	Length of Test	Manath of Test			L CON	· · · · · · · · · · · · · · · · · · ·	Gravity of Condensate			
Farment 1 to de 1 page - TAIOLAIN	Position of 1687			Bbls. Conde	DIST	. 3				
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)			sure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC 1 hereby certify that the rules and reg					OIL CO	NSERV	'ATION I	DIVISIO	ON .	
Division have been complied with and that the information given above				JAN 31 1990						
is true and complete to the best of m	y knowledge and be	lief.		Dat	e Approv			-		
Leslie Kahwapi				3 N A.						
Signature Leslie Kahwajy Reg. Affairs				∥ ву.	SUPERVISOR DISTRICT #3					
Printed Name Title January 26, 1990 505-326-9751					9	· · · · · ·		·.		
Deta January 26, 1	-200 טבב		hone No.					변 경 고립		
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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.
- 3) Fif out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.