Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Rescurces Department

## OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Antesia, NM \$8210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Meridian Oil Inc.					OIL AND I			W-11	API No.			
Address.								Well	API NO.			
P. O. Box 4289. Far	minaton.	NM 87	7499									
Resson(s) for Filing (Check proper is New Well	ox)					Other (F	lease exp	iain)				
Recompletion	Oii	Change i	_	Ses	X	Fffe	ectiva	e 10/1/9	11			
Change in Operator	Casinghe	ed Gas	- ·	densete [	<u> </u>			- 10/1/2				
If change of operator give name and address of previous operator								<del></del>				
IL DESCRIPTION OF WE	LL AND LE	ASE					-					
Lease Name San Juan 32-9 Unit			Pool	Name inc	uitland (	<b>X8</b>			of Lease		esse No.	
Location		1 232	- Du	3 111 3 [	illiand (	Juai	<del></del>	State	Federal or F	<b>∞</b> Fee		
Unit Letter A	: 1030	)	_ Feet	From The	North 1	ine and	_131	0 5	eet From The	East	••	
Section 5 Tow	makip 31N		Rang	<b>.</b> 9	)W	NMPM	San	Juan			Line	
III. DESIGNATION OF TR	ANCROPER	D 05 0									County	
III. DESIGNATION OF TR Name of Authorized Transporter of O	il	or Conder	IL A	ND NAT	URAL GA:	S ive ada	ress to w	hich anama	مناه مرجع	form is to be a		
Meridian Oil Inc. Name of Authorized Transporter of Co					P. 0.	Box	4289,	Farmin	gton, Ni	1 87499		
MOI	magnest Cat		or Dr	ry Gas 🗂	<b>-</b> , ` -	ive add	1280	Eavmin	copy of this f	orm is to be a	ent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	R	e. is gas actus			When		87499		
f this production is commingied with t	hat from any other	er lease or	~~~				<del></del>					
V. COMPLETION DATA			, poor, 8	AAE COURTE	afinal outer am	moer.		<del></del>				
Designate Type of Completic	on - (X)	Oil Well		Gas Well	New Well	Wo	kover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	. Ready to	Prod.	<del></del>	Total Depth				P.B.T.D.		<u> </u>	
levations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation				Top Oil/Gas Pay						
erforations										Tubing Depth		
									Depth Casing	Shoe		
									Sober Caritte	, 444		
	π	J <b>BIN</b> G.	CASI	NG ANI	O CEMENT	ING R	ECORI	)	Soper Casia			
HOLE SIZE	CAS	JBING.	CASI BING	NG ANI SIZE	CEMENT		ECORI H SET	)		ACKS CEME	NT	
HOLE SIZE	CAS	UBING. (	CASI BING	NG ANI SIZE	O CEMENTI			)			NT	
HOLE SIZE	CAS	UBING. (	CASI BING	ING ANI SIZE	O CEMENTI			<b>D</b>	S		INT	
. TEST DATA AND REQUI	CAS	LOWA	BING :	SIZE		DEPT	'H SET		S	ACKS CEME		
. TEST DATA AND REQUI	EST FOR AI	LOWA	BING :	SIZE	it be equal to or	DEPT	H SET	vable for this	S depth or be fo	ACKS CEME		
. TEST DATA AND REQUI IL WELL (Test must be after size First New Oil Run To Tank	CAS	LOWA	BING :	SIZE	it be equal to or	DEPT	H SET		S depth or be fo	ACKS CEME		
. TEST DATA AND REQUI IL WELL (Test must be after size First New Oil Run To Tank	EST FOR AI	LOWA	BING :	SIZE	it be equal to or	DEPT	H SET	vable for this up, gas lift, etc	S depth or be fo	ACKS CEME		
. TEST DATA AND REQUIL  IL WELL (Test must be after size First New Oil Run To Tank ength of Test	EST FOR AI	LOWA	BING :	SIZE	Producing M	DEPT	H SET	rable for this up, gas lift, etc.	depth or be for	ACKS CEME		
. TEST DATA AND REQUIL WELL (Test must be after size First New Oil Run To Tank ength of Test cause Prod. During Test	EST FOR AI Precovery of total Date of Test Tubing Press	LOWA	BING :	SIZE	it be equal to or	DEP1	top allow, pur	rable for this up, gas lift, etc.	depth or be fo	ACKS CEME		
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TEST DATA AND REQUIL WELL (Test must be after size First New Oil Run To Tank ingth of Test must prod. During Test  AS WELL must Prod. Test - MCF/D ting Method (pilot, back pr.)	CASI EST FOR AI Precovery of total Date of Test Tubing Press Oil - Bbls. Leagth of Test	LOWA  volume of	BLE f load	SIZE	Producing Manager Black  District Producing Manager Black  JUL  Black Conce	exceedethod (/	top allow, pure	rable for this up, gas lift, etc.	choir Size	Full 24 hours 5 1991.		
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## INSTRUCTIONS: This form is 40 be filed in compliance with Bule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill 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.