

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc.	Well API No. 30-045-28572
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9 Unit	Well No. 111	Pool Name, including Formation Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF-078438
Location Unit Letter J : 1100 Feet From The South Line and 1460 Feet From The East Line Section 8 Township 31N Range 9W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc.	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit J Sec. 8 Twp. 31 Rge. 9	Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 9-5-92	Date Compl. Ready to Prod. 9-27-92	Total Depth 2679'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6631' GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3492'	Tubing Depth 3571'					
Perforations 3492-3524', 3550-62'		Depth Casing Shoe						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	222'	248 cu. ft.
7 7/8"	5 1/2"	3460'	1693 cu. ft.
	4"	3679'	47 cu. ft.
	2 1/16" & 2 3/8"	3571'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 2463	Length of Test 3 hrs	Bbls. Condensate/MMCF	Entrap. of Condensate
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) 362	Casing Pressure (Shut-in) 460	Choke Size 3/4"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature
Peggy Bradfield Reg. Affairs
Printed Name
12-2-92 326-9700
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 2 11992

By Supervisor District #3

Title

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) 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.