Subunit 5 Copies
Appropriate District Office
DISTRICT 1
2.0. Box 1980, Hobbs, NM 88240

Operator

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Well API No.

30-045-28747

DISTRICT II P.O. Driwer DD, Assesia, NM 85:110

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III .000 Rio Brazos Rd., Aziec, NM 57410

Meridian Cil Inc.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PO Box 4289, Far	mington,	NM	874							
nesca(s) for Filing (Check proper box					Out	et (Please expl	laun)	 .		
rw Wall	Où Où	_	masporu Dry Gas	g of:	(
nange is Operator	Casinghead Gas		ondens		Ken	s Ph.	- c 21	9c.3	te-	SicR
bangs of operator give name					V	<u> </u>	y - 6 -	<u> </u>		
addison of previous operator										
DESCRIPTION OF WELL	L AND LEASE									
Riddle Com	Well No. Pool Name, Include 200 R 202 Basin F			e, include	ing Formation		Kind of Lease Lease No.			
	(0)/(/		Bas	<u>in F</u>	ruitlar	<u>id Coal</u>		<u> </u>	LSF-	131098
Unit LetterA	: 830	F	eat From	The	North _{Lin}	790	Fe	et From The	East	Line
Section 10 Towns	h ip 30	R	lange	9	, NI	MPM, S	an Juar	n		County
DESIGNATION OF TRA	NSPORTER O	F OIL	AND	NATU	RAL GAS					
ms of Authorized Transporter of Oil	or C	cadeass	14	x]		e address to w	hich approved	copy of this)	form is to be s	eni)
Meridian Oil Enc	ilnc.				PO Box 4289, Farmington, NM 87499					
izne of Authorized Transporter of Cas		_	r Dry Ge	ı X	Address (Giv					
<u>Meridian Oil</u>						4289.			NM 8	7499
west produces out or inquires, e location of tanks.	Unit Sec.		™ γ⊾ 30 	Kge.	is gas actuali	y connected?	When	?		
his production is commingled with th	_ + ^ 				ing order numi	<u> </u>				
. COMPLETION DATA										
Designate Time of Companie		Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Resiv
Designate Type of Completio	· · · · · · · · · · · · · · · · · · ·	- de: e = D		<u>x</u>	Total Dareh	<u>.</u>	1	L	<u> </u>	
le Spudded	Date Compl. Res	-			Total Depth			P.B.T.D.		
9-16-92 Valona (DF. RKB. RT. GR. etc.)		- 4 – 9	2 Tetron		2779 ' Top Oil/Gas			: Tuhing Des		
6004 GL		-		1	•	•		Tubing Dep		
formions	Fruit]	Lanu	Coa	<u> </u>	2558 '			Depth Casi		
2558-2776 ' (r	oredrilled	9 1 4	ner)					•	_	
				AND	CEMENTI	NG RECOR	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
12 1/4"	9 5/8"			241'			189 cu.ft.			
8 3/4"	7"			2417'			915 cu.ft.			
6 1/4"	5 1/	/2"			2778			did	not cr	nt
	2 3/	/8"			2724					
TEST DATA AND REQUI										
	r recovery of total vo	turne of	load oil	and must					for full 24 has	P.S.)
te First New Oil Run To Tank	Date of Test				Dr. All	sthod (Flow, pr	ump gas igt. e	uc.)		. 8 4 6
ngth of Test	Tubes Proces				The same			Choke Size	- \	4000
anger (A 1ea	Test Tubing Pressure		•	APR	}	:	NOVS	/ 3 1992 -		
cual Frod. During Test	i Oil - Bbis.				"OIL"CON. DIV.			Gas- MCF	311 175	B DO
					. •);¥.			is New 3.2° Sake and
AS WELL						451. 3			/,516	31. C
sual Prod. Test - MCF/D	Length of Test	_			Bbis. Conden	mte/MMCF		Gravity of	Condensate	
							•		-	
sting lifethod (puot, back pr.)	Tubing Pressure	(Shut-m	(۵		Casing Press		_	Choke Size		
backpressume	712		_		718			!		
L OPERATOR CERTIFI	CATE OF CO	MPL	JANC	Œ					5	~
I heraby certify that the rules and rep	guistions of the Oil C	OBSETVE	tion			DIL COM	NSEHV.	AHON	DIVISION	N
Division have been complied with an			above							
is true and complete to the best of the	ry Enowledge and bei	uef.			Date	Approve	ed	<u>APR 29</u>	1993	
I harris X	1. // /	_	,							
1 10/1/1/1/	maker	Cd	<u> </u>		∥ _{Bv} _		~	1 24		
- 170/10/				r s	By _					
Signare Readfield	, Do	~ A f	יובד־							
Segmente Peggy Bradfield Prised Name		g.Af			—		SUPER	VISOR D	STRICT	∮ 3
Peggy Bradfield		g.Af 6-9			Title		SUPER	VISOR D	STRICT	#3
Peggy Bradfield		6 - 9			Title		SUPER	VISOR D	STRICT	<u>#3</u>

- 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-1(4 must be filed for each pool in multiply completed wells.