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Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NIM 88240

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

L.	REQUES	TRAN	R ALLOWA ISPORT OI	BLE AND L AND NA	AUTHOR	IZATION				
Demor Meridian O							API No.	045-288	 868	
dres PO Box 4289, Fa		NМ	87499			!		073-200	.00	
mean(s) for Filing (Check proper b		1414	0/499	00	net (Piease exp	dais)				
rw Well 🖳	•	age in Tr	ransporter of:_		m (rieuse exp	iaur)				
completion	Oil		bry Gas 🔲							
nange in Operator	Casinghead Gar	<u> </u>	Condensate	- 7U a	ter fo	10# S	8058	13	•	
tange of operator give name address of previous operator			-				· · · ·			
DESCRIPTION OF WE	II AND I FACE					-				
720		1 Nr. D	ool Name, Includ	ina Engancia			-£1		11	
Johnston Fe	ederal 27	7R I	Basin Fr	uitland	Coal	29 State	of Lease ,/Federal or Fe	r =	78439	
cation		<u>_</u>						151	70437	
Unit LetterD	:790_	F	ect From The $\frac{\mathbb{N}}{2}$	orth Lie	9 and 7	9.0	est From The	Wes	t Line	
Sertine 12 True	30		•							
Section 12 Tow	maship 30	R	ange 9	, N	MPM, S	an Jua	n		County	
. DESIGNATION OF TR	ANSPORTER O	FOII.	AND NATE	DAT CAS						
es of Althorized Transporter of C	Ni — orC	onden.m		Address (Giv	e address to w	hich approved	copy of this	form is to be si	ent)	
Meridian Oil In	Authorized Transporter of Casinghead Gas or Dry Gas Meridian Oil Inc. 2805812			PO Box 4289, Farmi						
me of Authorized Transporter of C Meridian Oi	asinghead Gas	or or	Dry Gas 🔀	Address (Giv	4289,	hich approved	copy of this	form is to be se	int)	
reli produces oil or liquids.	115.280	<u> 581</u>	2	+				NM 8/	499	
location of tanks.	Unait Sec.	• .	wp. Rge. 30 9	is gas actuall	y connected?	When	?			
is production is commingled with				line entre euro						
COMPLETION DATA		as on por	A, give consissing	mag cross aran	<u> </u>					
	Oil	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res'v	
Designate Type of Completi	ion - (X)		×	X		June	1.10g Deck	Sealise Res v		
Spudded	Date Compl. Res	-	od.	Total Depth			P.B.T.D.		<u> </u>	
12-11-92	1-2-			2631						
rations (DF, RKB, RT, GR, etc.) 5835 !	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
orations	FIUICIA	Fruitland Coal			2368'			2573 Depth Casing Shoe		
2368-2628	(uncemente	d li	ner)				Depui Casi	ig Sixoc		
			ASING AND	CEMENTI	NG RECOR	D	<u>'</u>			
HOLE SIZE	CASING	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4"		9 5/8"		233'			212 cf			
6 1/4"	3 3/4" 7"		 	2366'			879 cf			
0 1/4		5 1/2 " 2 3/8"			2631' 2573'			uncemented		
TEST DATA AND REQU	EST FOR ALL	WAR	16	25	/3'					
	er recovery of total vol			be equal to or	exceed too allo	wable for this	depth or be	for full 24 hour	·e)	
First New Oil Run To Tank	Date of Test			Producing Me						
and all Ton	!							EGE	WE	
gth of Test	Tubing Pressure			Casing Pressu	TE .		Choke Vaze			
uni Prod. During Test	Oil - Bbls			Water - Bbis.			Gas- MCF	JAN28	1993	
	Oil - Boil			Marti - Dorr			Ga- MCr	بالمستويد	, (
AS WELL			<u> </u>				1 1	<u> </u>		
uel Prod. Test - MCF/D	Leagth of Test			Bbis. Condens	nto/MACE		Gravity of C	DIST.	<u>. 3</u>	
				DOG. COMMISS			Cravity of C	of and in technology of Officestrate	٠.	
ing Method (pisot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
backpressur				10	30					
OPERATOR CERTIF	ICATE OF CO	MPLI	ANCE							
hereby certify that the rules and re	guistions of the Oil Co		Nan	C	IL CON	ISERV	NOITA	DIVISIO	N	
Division have been complied with a a true and complete to the best of a	and that the information	riven a	bove			1	A. 1/2 1	993		
	uy angressings 220 beis	EÍ.		Date	Approve	d	a 16 1			
Mary Drak	Luca				• •	_	\ ~/	/		
ignature				By_		13.is	<u>>. ⊖</u> ∠			
Peggy Bradfield	Rec	J.Aff	Eairs_	,		SUPER	ISOR DI	STRICT	3	
1-26-93	326	-9 7	k 0	Title_						
1-20-73		Telepho						-		

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 sests 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, Ill, 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.