

Subunit 5 Copies
Ap-Form 104 District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc.	Well API No. 30-045-28966
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	communitization agreement NMNM 9143
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Black Diamond Com 20	Well No. 1	Pool Name, including Formation Horseshoe Gallup Ext	Kind of Lease (State, Federal) or Fee	Lease No. NM-86497
Location Unit Letter D : 120 Feet From The North Line and 120 Feet From The West Line Section 20 Township 30 Range 15 , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc. 2804893	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Water 2804894	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit D Sec. 20 Twp. 30 Rgs. 15 is gas actually connected? When? NOV 3 1993

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 <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res v	Diff Res v
Date Spudded 07-09-93	Date Compl. Ready to Prod. 10-06-93		Total Depth 7560' MD/4185' TVD		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 5361' GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 4416'		Tubing Depth 4809'			
Performances 4416-7559' predrilled liner					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	10 3/4"		318'		surf			
9 7/8"	7 5/8"		4334'		surf			
	4 1/2"		3306-7560'					
	2 3/8"		4809'					

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 10-06-93	Date of Test swab test 10-6-93 thru 10-10-93	Producing Method (Flow, pump, gas lift, etc.) flowing
Length of Test 10 hrs/day	Tubing Pressure SI 5 flowing 0	Casing Pressure SI 271 flowing 45
Actual Prod. During Test 40 bbl	Oil - Bbls. 96 bopd	Water - Bbls. 295 mcf/d

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (post, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 Regulatory Rep.
Printed Name
11-1-93
Date
326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 12 1993

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.