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

## State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104 Revised 1-1-89

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	O TRAN	ISPORT OIL	AND NA	TURAL GA					
Operator Meridian Oil I	nc.					Well A	API No.			
Address PO Box 4289, F	armingto	on, NM	87499							
Reason(s) for Filing (Check proper box	<del>.,</del> _	<u> </u>	· <u></u>	Oth	er (Please expid	zin)	<del></del>			
New Well	•	Change in Ti	nansporter of:							
Recompletion	Oil		ry Gas							
Change in Operator  I change of operator give name	Casinghead	Gas C	Condensate							
and address of previous operator							<del></del>			
IL DESCRIPTION OF WEL	L AND LEA	SE								
Losso Name San Juan 32-5 U	1		<mark>ool Name, Includ</mark> Basin Fr	ng Formation uitland	Coal		of Lease Federal or Fee	_	079011	
Location	176	r _	C	0.14h	- 140	·F _	1	W = 4		
Unit Letter K	:176	<u> </u>	$\frac{S}{S}$	Outn_Lin	and148	5 Fe	et From The _	west	Line	
Section 23 Town	thip 32N	R	tange 06W	, NI	MPM, R	io Arri	ba		County	
II. DESIGNATION OF TRA	NSPORTER	OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condense			e address to wh	rich approved	copy of this for	m 15 10 be s	ent)	
Meridian Oil I				PO Bo	x 4289	, Farm	ington,	NM S	37499	
Name of Authorized Transporter of Car			r Dry Gas 🔀	1			copy of this for		•	
Northwest Pipe	<del></del>	2 17		Is gas actually		h, Fari When	mington	, NM_	87401	
If well produces oil or liquids, give location of tanks.	Unit   :	Sec.   T 23	<b>wp.   Rge.</b> 32N   06W	Is gas account	y comecteu?	When	r			
f this production is commingled with th	at from any othe	r lease or po	oi, give commingi	ing order numi	xer:				<del></del>	
V. COMPLETION DATA										
Designate Type of Completic	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	Ready to P	TOOL.	Total Depth		· <del></del>	P.B.T.D.	<del></del>	<del> </del>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	nation	Top Oil/Gas	Pay		Tubing Depth	1		
Perforations				-			Depth Casing	Shoe		
	77	IDDIC C	A CINIC AND	CEMENTITY	VC RECOR	<u> </u>	1			
HOLE SIZE	TUBING, CASING AND (			CEMEN III	DEPTH SET			SACKS CEMENT		
11066 0166	JAG			SETTION STATES						
							·			
<del></del>			<del></del>	<del></del>	<del> </del>			~		
V. TEST DATA AND REQU	EST EOD A	LLOWAL	RI E	<u>!</u>	<del></del>					
			load oil and must	be equal to or	exceed top allo	owable for this	depth or be fo	or full 24 hou	ars.)	
Date First New Oil Run To Tank	Date of Test				thod (Flow, pu					
								•	· ·	
Length of Test	Tubing Pres	ALITE	-	Casing Press	ıre		Choke Size		s, t	
Assess Band During Test	011 511			Water - Bbis.			Gas- MCF		<del></del>	
Actual Prod. During Test	Oil - Bbls.		WALEE - DUIS.					~.		
CACHELL	<u> </u>	<del></del>		!			e e		<del></del>	
GAS WELL Actual Prod. Test - MCF/D	Leagth of T	est		Bbis, Conden	mte/MMCF	<del></del>	Gravity of Co	ondensate		
						i	1.0		<del></del>	
Sesting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			ure (Shut-in)	<del></del>	Choke Size			
VI OTICE ATOM COMPANY	CATE OF	COLOR	TANCE	1		<del></del>	1		<del></del>	
VI. OPERATOR CERTIF		-			DIL CON	<b>ISERV</b>	ATION [	DIVISIO	NC	
Division have been complied with a	nd that the inform	nation given					}{	1000		
is true and complete to the best of n	ry knowledge and	i belief.		Date	Approve	d	JUN 1 9	1989		
16.7.6 KL	adku	12 2			18		ル) Θ		•	
A CONTRACTOR OF THE PARTY OF TH			7. F. F	By_						
Peggy Bradfield		7	y Affair: Title	Title		SUPER	VISION D	DISTRIC	T#3	
06-01-89	326	<u>-9727</u>	<del></del>							
Date		Teleph	nome No.	li .						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

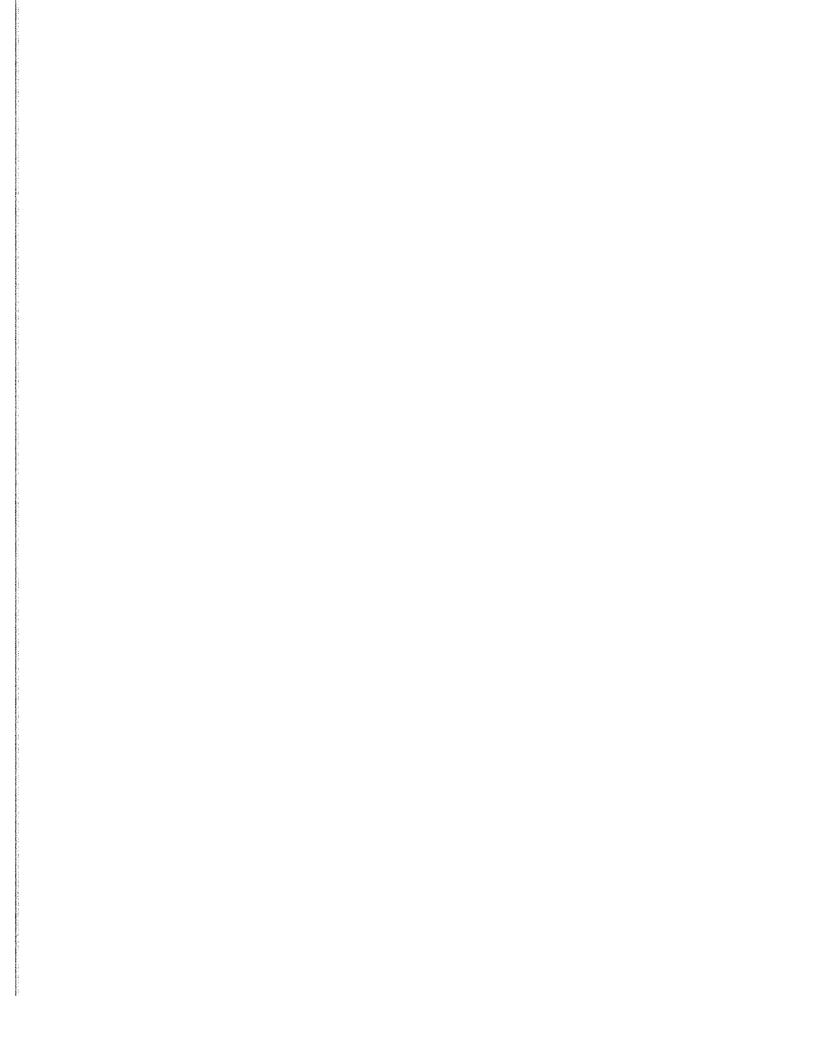
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes 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.







**Job separation sheet** 



## MERIDIAN OIL

November 15, 1988

State of New Mexico Energy and Minerals Department Oil Conservation Division P.O. Box 2088 Santa Fe, NM 87501

Attn: Mr. David R. Catanach, Examiner

Re: Case No. 9498 Order No. R-8775

San Juan 32-5 Unit #100

Mr. Catanach,

Enclosed are the results of a directional survey conducted November 14, 1988, on the subject well. Directional survey points were observed from the kick off point to the base of the 9 5/8" surface casing. This survey was conducted to meet the requirements of Order No. R-8775 prior to initiating directional drilling operations.

Sincerely,

J. D. Falconi

Project Drilling Engineer

OIL CONTRACT

JDF/adw

xc: Aztec OCD

## DEVIATION REPORT

El Paso Natural Gas Co., Post Office Box 4289, Farmington, New Mexico 87499

Lease: San Juan 30-6 Unit #100

SW Sec. 23, T-32-N, R-6-W, Rio Arriba County, New Mexico

Pool:

Basin Fruitland Coal

Directional survey conducted November 14, 1988

		Ho1e	True
Survey		Direction	Vertical
Depth (Ft.)	<u>Inclination</u>	(True North)	Depth (Ft.)
748	1.00	328	748.0
811	0.75	360	811.0
873	1.00	350	872.9
936	1.00	356	935.9
998	1.00	33	997.9
1061	1.00	13	1060.9
1123	0.75	2	1122.9
1186	1.00	9	1185.9
1248	1.00	28	1247.9
1311	1.25	28	1310.9
1373	1.25	13	1372.9
1436	1.25	27	1435.9
1498	1.25	10	1497.8
1561	1.50	5	1560.8
1623	1.25	350	1622.8
1686	1.25	342	1685.8
1748	1.50	331	1747.8
1811	1.50	347	1810.7
1873	1.50	331	1872.7
1936	1.75	331	1935.7
1998	1.50	323	1997.7
2061	1.50	321	2060.7
2123	1.50	321	2122.6
2186	1.50	320	2185.6
2248	1.50	320	2247.6
2310	1.25	350	2309.6
2373	1.75	346	2372.6

I, the undersigned, certify that I, acting in my capacity as Petroleum Engineer on behalf of El Paso Natural Gas Company, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and directions and that the facts stated herein are true to the best of my knowledge and belief.

Subscribed and sworn to before me this 15th day of November, 1988.

Notary Public is and for San Juan County, New Mexico
My commission expires September 21, 1992.