

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Production Inc.	
Address P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner EL Paso Exploration Co.

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OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Newco	Well No. 2	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease No. NM 58887
Location Unit Letter <u>I</u> ; <u>1840</u> Feet From The <u>South</u> Line and <u>900</u> Feet From The <u>East</u> Line of Section <u>19</u> Township <u>32N</u> Range <u>9W</u> , 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 Production Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 19	Twp. 32N	Rgs. 9W	Is gas actually connected? No	When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Peggy Doal
(Signature)
Drilling Clerk
(Title)
10-14-85
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 22 1985
BY [Signature]
TITLE SUPERVISOR DIST. CT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas well X	New well X	Workover	Deepen	Plug Back	Same Res'v.	Drill Res
Date Spudded 8-24-85	Date Compl. Ready to Prod. 10-14-85	Total Depth 6367'			P.B.T.D. 6354'				
Elevations (DF, RKB, RT, CR, etc.) 6777' GL	Name of Producing Formation Blanco Mesa Verde	Top Oil/Gas Pay 4372'			Tubing Depth 6327'				
Perforations 6124, 6130, 6142, 6148, 6154, 6160, 6168, 6186, 6198, 6214, 6226, 6250,							Depth Casing Shoe 6366'		
* Continued Perf's Listed Below TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		228'		142 cu ft			
8 3/4"		7"		3927'		655 cu ft			
6 1/4"		4 1/2"		3760-6366'		457 cu ft			
		2 3/8"		6327'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	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	Length of Test SI 7 Days	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (puls, back pr.)	Tubing Pressure (Shut-In) 814	Casing Pressure (Shut-In) 814	Choke Size

* Continued Perf's:

6258, 6314, 6320, 6344 w/1 SPZ. 2nd stage 5878, 5884, 5890, 5896, 5902, 5907, 5913, 5919, 5924, 5930, 5936, 5942, 5952, 5958, 5964, 5970, 5976, 5982, 5988, 5994, 6001, 6008, 6028, 6044, 6062, 6068 w/1 SPZ. 3rd stage 5209, 5215, 5221, 5231, 5254, 5278, 5292, 5306, 5325, 5340, 5427, 5589, 5600, 5611, 5682, 5688, 5694, 5745, 5757, 5803, 5809, 5815, 5824, 5836 w/1 SPZ. 4th stage 4372, 4380, 4388, 4394, 4404, 4412, 4420, 4428, 4440, 4448, 4456, 4463, w/1 SPZ.