Submit J Cop Submit J Conies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

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., Azzec, NM 87410

Meridian Oil Inc.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No.

Address									<del></del>		
PO Box 4289, Fa:	rmingt	on, N	M 874	99							
Resson(s) for Filing (Check proper box)					Oth	es (Please expl	zin)		· · · · · · · · · · · · · · · · · · ·		
New Well	0"	Change in	Transporter of	xí:							
Recompletion	Oil Casinghe	M Gae	Dry Gas Condensate								
If change of operator give name	-		CONTRACT	<u> </u>				<del></del>	<del> </del>		
and address of previous operator	_										
IL DESCRIPTION OF WELL	AND LE		·				1				
Allison Unit	Allison Unit Well No.		Pool Name, including Basin		eg Formation Fruitland Coal		Kind of Lease State, Federal or Fee		Lease No. SF-078483A		
Location		<u>!</u>			_						
Unit Letter : :		$\frac{841}{}$ Feet From The $\frac{So}{}$		So:	uth Line and790		Fi	eet From The	East	Line	
Santing 23	_ 32N	Ī	0.1	7W		- San	Juan				
Section 23 Township	p 321		Range	7 11	, NI	MPM, San	Juan			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	L AND N	ATUI	RAL GAS						
Name of Authorized Transporter of Oil		or Conden	sace X			e address to wh				,	
Meridian Oil Inc.  Name of Authorized Transporter of Casinghead Gas			or Dry Gas		PO Box 4289, Fari						
Northwest Pipeli	or Dry Gas	<u> </u>	3535 E. 30th, Fa					· .			
If well produces oil or liquids,					Is gas actually connected?		When		INIT	07401	
give location of tanks.	P	23	32N 0					<del></del>			
If this production is commingled with that IV. COMPLETION DATA	rom any ou	er lease or	pool, give con	catrudi	ng order numi	DEIT:	<del></del>				
		Oil Well	Gas W	/ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· , ,	1					<u> </u>	1	İ	<u>i</u>	
Date Spudded	te Spudded Date Compl. Ready to			Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	g Shoe		
		TIRING	CASING	AND	CEMENTI	AC BECOR	D				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	*							
OIL WELL Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						exceed top allo	•	<del></del>	for full 24 hou	PS.)	
Date First New Oil Ruit 10 Tank	Date of Test				Producing Mc	uou (Fiow, pie	mp, gas 141, e	TO) E (			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
	Duran Tan				Water Phile			Gas- MCP	V 0 ≥ 196	19	
Actual Prod. During Test Oil - Bbls.						Water - Bbis.		Gas- MCF			
GAS WELL	<u> </u>							· CIL (	JIV.		
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of C	Ondensiae		
Testing Method (pitot, back pr.)	Tubing Pre	saure (Shut-	in)		Casing Pressu	re (Shut-in)		Choke Size			
	1.575								· · · · · · · · · · · · · · · · · · ·		
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Date	Approve	d	JUN 02	1999		
Senior String	hill	2.0				• •	7	\ _/	1000		
Signate Peggy Bradfield Regulatory Affairs					By Birl Chang						
Printed Name Title							SUPERV	ision di	STRICT	# 3	
06-01-89	326	5-9727		_	Title.						
Date		Telej	phone No.								

## 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.

