it 5 Cop 5 Copies inte 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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.	Well API No.							
Address					· · · · · · · · · · · · · · · · · · ·	7 S	, 	***
PO Box 4289, Farr	mington,	NM 87	7499					
Research for Filing (Check proper box) New Well	0	i- T		Other (Pleas	re explain)	.1111.9	21000	
Recompletion	Oil	ge in Transpo Dry Ge				JUL2	p 1989	
Change in Operator	Casingheed Gas	_	_			OIL CO	W. DIV	,
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL.	AND LEASE							
Lasse Name Allison Unit	Well 1 1	No. Pool N	ame, includ	Fruitland	Coal	Kind of Lease	SE_d	8115 5
Location		3	Dasin	FIGICIANG	COal	State, Federal or Fe	51-0	01133
Unit LetterM	820	Foot Fin	om The	South	60	O Feet From The	West	* ·
19	32N		6W			n Juan		Line
Section Township)	Range		, NMPM,				County
III. DESIGNATION OF TRAN			D NATU	RAL GAS				
Name of Authorized Transporter of Oil Meridian Oil Inc.		endensate	X	Address (Give address				mel)
Name of Authorized Transporter of Casing		or Dry	Gas X	Address (Give address	289, F	armington	, NM 8	37499
Northwest Pipelin				3550 E. 3	30th,	th, Farmington		87401
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	•	is gas actually connec	ted?	When?		
If this production is commingled with that f	M 19			ing order number		<u></u>		
IV. COMPLETION DATA								
Designate Type of Completion	Oil	Well (Gas Well	New Well Works	over De	eepen Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compi. Rea	dy to Prod.	<u>X</u>	X Total Depth	!	P.B.T.D.	l	
06-20-89	07-12	-89		3094				
	Name of Product	-	_	Top Oil/Gas Pay		Tubing Dep		
6437 GL Fruitland Coal				3011 '		3062 Depth Casin		
3011-3093'								
1101 F 017F	CEMENTING RE							
HOLE SIZE 12 1/4"	9 5/	8 TUBING S	ize	235 '	SEI	177	Cu.f	
8 3/4"	7"			3012'	905			
6 1/4"	5 1/2"			3095'	did	did not cmt		
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	Date of Test			Producing Method (Fig.	ow, pump, go	as lift, etc.)		
Length of Test	Tubing Pressure			Casing Pressure	Choke Size	Choke Size		
Actual David David Tour								
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.	Gas- MCF	Gas- MCF		
GAS WELL				<u>! </u>				
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensus/MM	CF	Gravity of C	ondensate	
	T. C							
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Caring Processe (Shut- SI 1491	-12)	Choke Size		
VI. OPERATOR CERTIFICA				·				
I hereby certify that the rules and regular		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.						JUL 3 1	1989	
Date Approved								
Signer Diadfuld				By Original Signed by FRANK T. CHAVEY				
Peggy Bradfield, Regulatory Affairs				SUPERVISOR DISTRICT OF				
Printed Name 07-25-89	3 26- 97	Title 27		Title		EMPETION OF SHOUL	·	
Date		Telephone 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 mass be filed for each pool in multiply completed wells.