UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

1. TYPE OF WELL GAS	5. LEASE NUMBER SF-078507 6. IF INDIAN,ALL. OR TRIBE NAME
2. OPERATOR MERIDIAN OIL INC.	7. UNIT AGREEMENT NAME SAN JUAN 32-9 UNIT
3. ADDRESS & PHONE NO. OF OPERATOR P O BOX 4289 FARMINGTON, NM 87499	8. FARM OR LEASE NAME SAN JUAN 32-9 UNIT 9. WELL NO. 296
4. LOCATION OF WELL 790'FNL 1730'FEL	10. FIELD,POOL,OR WILDCAT BASIN FRUITLAND COAL 11. SEC. T. R. M OR BLK. SEC. 35 T32N R10W NMPM

14. PERMIT NO.	15. ELEVATIONS	12. COUNTY	13. STATE
30-045-28315	6142'GL	SAN JUAN	NM

16. SUBSEQUENT REPORT OF: Running Casing

17. Describe proposed or completed operations

DATE: 041291

TD 2949', Ran 8 jts of 5 1/2" 15.5# K-55 casing, 349' set @ 2949'
Liner top @ 2600' Did not cement.

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DIST. 3

18. AUTHORIZED BY: Peggy Bradfield
REGULATORY AFFAIRS

4-19-91
DATE

NOTE: THIS FORMAT IS ISSUED IN LIEU OF US BLM FORM 3160-5.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITION OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
APR 29 1991
FARMINGTON RESOURCE AREA

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Meridian Oil Inc.
Well API No.: 30-045-28038
Address: PO Box 4289, Farmington, NM 87499
Reason(s) for Filing (Check proper box): New Well [X]; Recompletion [ ]; Change in Operator [ ]; Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]; Other (Please explain) [ ]
If change of operator give name and address of previous operator:

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State/Federal or Fee)	Lease No.
San Juan 32-9 Unit	295	Basin Fruitland Coal		SF-078507

Location: Unit Letter K : 1875 Feet From The South Line and 1265 Feet From The West Line
Section 26 Township 32N Range 10W NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Meridian Oil Inc.
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 [ ] or Dry Gas [X]: Meridian Oil Inc.
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	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	K	26	32N	10W		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
09/22/90	03/27/91	3770'	

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6952'GL	Fruitland Coal	3468'	3722'

Perforations	Depth Casing Shoe
3468-3554', 3727-3769' Per-perforated Liner	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	522'	472 cu.ft.
8 3/4"	7"	3500'	1330 cu.ft.
6 1/4"	5 1/2"	3770'	did not cement
	2 3/8"	3722'	

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 (Flow, pump, gas lift, etc.)

Length of Test	Tubing Pressure	Casing Pressure	Choke Size

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
backpressure	SI 1169	SI 1188	

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
Printed Name: Peggy Bradfield
Title: Reg. Affairs
Date: 326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved: MAY 31 1991
By: Bill Sheppard
SUPERVISOR DISTRICT #3
Title

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.