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

I.

Operator	Well API No.
Meridian Oil Inc.	30-045-28101

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	287	Basin Fruitland Coal	SF-078504	

Location: Unit Letter K : 1840 Feet From The South Line and 1355 Feet From The West Line

Section 14 Township 32 Range 10 NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc. [X]	PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	PO Box 4990, Farmington, NM 87499

If well produces oil or liquids, give location of tank:	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	K	14	32	10		

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.
08-30-90	09-26-90	3451'	

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6671'	Fruitland Coal	3159'	3412'

Perforations: 3159-3365', 3407-3448' (predrilled liner) — Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	523'	72 cu.ft.
8 3/4"	7"	3130'	1052 cu.ft.
6 1/4"	5 1/2"	3450'	circ. cmt.
	2 3/8"	3412'	

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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OCT 24 1990
OIL CON. DIV.
DIST. 3

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 645	SI 1421	

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: 10-22-90
Telephone No.: 326-9700

OIL CONSERVATION DIVISION
Date Approved: NOV 27 1990
By: 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.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.

1. Type of Well
GAS

5. Lease Number
SF-078504

6. If Indian, All.or Tribe Name

2. Name of Operator
~~El Paso Natural Gas Company~~ Meridian

7. Unit Agreement Name
San Juan 32-9 Unit

8. Well Name & Number
San Juan 32-9 Unit #287

9. API Well No.

3. Address & Phone No. of Operator
Box 4289, Farmington,NM 87499 (505)326-9700

4. Location of Well, Footage,Sec,T,R,M.
1840'S, 1355'W Sec.14, T-32-N, R-10-W, NMPM

10. Field and Pool
Basin Fruitland Coal

11. County and State
San Juan County, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
__ Notice of Intent	__ Abandonment	__ Change of Plans
	__ Recompletion	__ New Construction
__ Subsequent Report	__ Plugging Back	__ Non-Routine Fracturing
	__ Casing Repair	__ Water Shut Off
__ Final Abandonment	__ Altering Casing	__ Conversion to Injection
	__ Other	

13. Describe Proposed or Completed Operations

The formation tops on the well completion log for this well should be revised as follows:

Ojo Alamo	1703
Kirtland	1807
Fruitland	3043

Pictured Cliffs not penetrated in open hole

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OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct
Signed Peggy Bradfield Title Regulatory Affairs Date 1-11-91

(This space for Federal or State office use)

ACCEPTED FOR RECORD