

INSTRUC II
O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

INSTRUC III
XO Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Meridian Oil Inc.	Well API No.	30-045-28849
Address	PO Box 4289, Farmington, NM 87499		
Section(s) for Filing (Check proper box)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator			

DESCRIPTION OF WELL AND LEASE

Well Name	San Juan 32-9 Unit	Well No.	220	Pool Name, including Formation	Basin Fruitland Coal	Kind of Lease	State, Federal or Fee	Lease No.	SF-078389A
Location	Unit Letter <u>B &</u> : <u>1040</u> Feet From The <u>North</u> Line and <u>1840</u> Feet From The <u>East</u> Line								
	Section <u>11</u>	Township <u>31</u>	Range <u>10</u>	NMPM, San Juan		County			

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Meridian Oil Inc.	<u>2805597</u>	PO Box 4289, Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Meridian Oil Inc.	<u>2805598</u>	PO Box 4289, Farmington, NM 87499				
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rgs.	Is gas actually connected?	When?
	G	11	31	10		

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

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.					
12-07-92	02-18-93	3026'						
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6205' GL	Fruitland Coal	2842'	3003'					
Measurements	Depth Casing Shoe							
predrilled liner 2842-3024'								

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	236'	212 cf
8 3/4"	7"	2750'	932 cf
6 1/4"	5 1/2"	3026'	did not cmt
	2 7/8" & 3 1/2"	3003'	

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 per 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
			MAR 5 0 1993
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			CON. DIV.
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
backpressure	865	911	

II. 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 Regulatory Rep
Printed Name Peggy Bradfield Title 326-9700
Date 3-27-93 Telephone No. 326-9700

OIL CONSERVATION DIVISION

Date Approved APR 09 1993

By [Signature]
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.