Substit 5 Course
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Astonia, NM \$8210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziac, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.						LPI No. 30-045-28955			
PO Box 4289, Fa	armington,	NM 87499	<u>·</u>		·	· · · · · · · · · · · · · · · · · · ·			
Researce(s) for Filing (Check proper box)			Othe	(Please expid	MR.j				
New Well		ia Transporter of:		•				İ	
Recompletion	où [Dry Gas	م مسيد. را ا او	7	0	100		l	
Change in Operator	Casinghead Gas	Condenses [Victer	PODA	2804	911 .		
If change of operator give name					V				
IL DESCRIPTION OF WELL	L AND LEASE						<u> </u>		
Lasse Name	se Name Well No. Pool Name, inch		ing Formation Jesa Verde			of Lease Federal or Fee	Lease No SF-07838	9A	
H 1600 no		orth 710		 _	E	ast			
Unit Letter	_:	Feet From The Line and		and	F•	San Juan			
Section 1.2 Towns	hip 31	Range 10	, NM	PM,	San J	uan	Cou	oty	
III. DESIGNATION OF TRA									
Name of Authorized Transporter of Oil Morridian Oil To	$\frac{\Box}{\partial s} \frac{\partial s}{\partial s} \frac{\partial s}{\partial s}$	{				copy of this form		a]	
Meridian Oil I: Name of Authorized Transporer of Case		or Dry Ges				copy of this form		<i>3</i>	
•						copy of this form con, NM 8			
El Paso Natural Gas Company 38049/U			is gas actually connected? When				. 133		
give location of tanks.	H 12	31 10	,		1	•			
If this production is commingled with the	nt from any other lease o	or pool, give commiss	ling order numb	er:					
IV. COMPLETION DATA									
Designate Type of Completion	n - (X) Oil Wo	eli Gas Well X	New Well	Workover	Despen	Plug Back Sa	me Res'v Diff I	les'v	
Date Spurided	Date Compl. Ready	to Prod.	Total Depth			P.B.T.D.			
06-14-93	07-20-9	07-20-93		6166'					
Elevations (DF, RKB, RT, GR, etc.)	1	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6535'GR Mesa Verde			4620 '			6047'			
Perforations	. 56301 5300	50501 33				Depth Casing S	hoe		
4620-5208'; 533						<u> </u>			
		G. CASING AND							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4"	9 5/8"	9 5/8"		2221		<u>189 cu.</u>			
8 3/4" 6 1/4"		1		3800'		1114 cu.ft.			
6 I/4	2 3/8"	4 1/2"		3619-6166' 6047'		515 cu.ft.			
V. TEST DATA AND REQUI		VARIF	!	047.					
			the equal to or	exceed ton all	nunhio for thi	e denth ar he far	full 24 hours		
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			Producing Method (Flow, pump, gas lift, et				, <u></u>		
	SHE LAM OR SEE TO LEE							· [
Leagth of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Caracte Size		
Actual Prod. During Test Oil - Bbls.			Water - Bbis.			Gas- MCFOT (1993			
round flow builds for									
GAS WELL						2. 5 gr. 30%.	3.		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	MMCF	<u> </u>	Gravity of Con	denesta		
2398	3 hrs		-	-		Choke Size			
Testing Method (piect, back pr.)	1 -	Tubing Pressure (Shux-in)		Casing Pressure (Shut-in)					
backpressure	170			552		3/4"			
VL OPERATOR CERTIFI	CATE OF COM	IPLIANCE							
I hereby certify that the rules and regulations of the Oil Conservation				VIL CON	NOEHV.	ATION D	IVISION		
Division have been compiled with and that the information gives above				OOT 4 0 400=					
is true and complete to the best of my knowledge and belief.				Approve	d	OCT 12	1775		
Jan Stada	ulu					d la casono	and the contract of the contra		
Peggy Bradfield Regulatory Rep.				By Original Signed by CHARLES GHOLSON					
Pristed Name Title 10-04-93 326-9700				DEPUTY	OIL & GAS	INSPECTOR, D	川51. 福門		
Des 10-04-93		6 - 9 / 0 0 elephone 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 our only Sections L. II. III. and VI for changes of operator, well name or number, transporter, or other such changes.