

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

☐ **AMENDED REPORT**

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Meridian Oil Inc. P.O. Box 51810 Midland, TX 79710-1810		² OGRID Number 26485
		³ Reason for Filing Code New well
⁴ API Number 30-025-32967	⁵ Pool Name Yates Seven River Rhodes Gas Pool	⁶ Pool Code 83810
⁷ Property Code 14221 Rhodes A Federal	⁸ Property Name Rhodes A	⁹ Well Number No. 4

II. ¹⁰ Surface Location

UL or lot no. <i>I</i>	Section 22	Township 26S	Range 37E	Lot. Idn	Feet from the 1650'	North/South Line South	Feet from the 660'	East/West line East	County Lea
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¹¹ **Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
¹² Lse Code Federal	¹³ Producing Method Code Flowing	¹⁴ Gas Connection Date 6/26/95		¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date	

III. Oil and Gas Transporters

[illegible]

IV. Produced Water

23	POD	24	POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date 5/19/95	²⁶ Ready Date 6/6/95	²⁷ TD 3250'	²⁸ PBTD 3220'	²⁹ Perforations 2936'–3157'
³⁰ Hole Sie	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	
12 1/4"	8 5/8"	545'	380 sxs	
7 7/8"	4 1/2"	3250'	675 sxs	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
n/a	June 26, 1995	June 8, 1995	24 hrs	721	736
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method
	0	0	10,345		

46 I hereby certify that the rules 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:

Printed name:
Donna Williams

Title:
Regulatory Assistant

Date: **6/26/95**

Phone: 915-688-6943

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

Approval Date:

JUL 05 1935

⁴⁷ If this is a change² of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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UCL MEDICAL
OFFICE

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