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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		Sa	anta F	Fe, New M	exico 875	04-2088						
I.	REQ					AUTHORI TURAL G						
Operator								API No.				
Meridian Oil Inc.							30-025-30606					
Address 21 Desta Drive Midl			7070	-								
21 Desta Drive, "idl Reason(s) for Filing (Check proper pax)	and, 16	exas /	7970	5	7. 0	h (01						
New Well		Change is	a Trans	porter of:		her (Please expir						
Recompletion	Oil		Dry (• —	ney all	uest for owable.	Parfs	arreis	Oll test	,		
Change in Operator	Casinghe	zad Gas 🔲	Cond	lensate 🗌	uii	Owabie.		10,438				
If change or operator give name				-			-	10.014	- 096			
IL DESCRIPTION OF WELL	ANDIE	FASE										
Lease Name	AND LE		Pool	Name, includ	ng Formation		Kind	of Lease		eass No.		
Federal "AF"		2	No	rth Your	ing Formation Id (Wolf	camp)		Federal or Fe				
Location						· · · · · ·						
Unit Letter	_ :	560	_ Feet	From The	outh Li	ne and188	30 Fe	et From The	Wes	t Line		
Section ? Townshi	= 10 /	South	Rang	32	East .N	7) (TM 4		100				
. Owner	<u> </u>	<u> </u>		<u>:E) </u>	Ecor 'y	₹MPM,		Lea_		County		
III. DESIGNATION OF TRAN				ND NATU	RAL GAS							
Name of Authorized Transporter of Oil Koch Oil Company	丛	or Conde			Address (Gi	ox 3609	Ma 11	copy of this	orm at 20 be 20			
Name of Authorized Transporter of Casin	mbered Gas		D	ry Gas	1		Midland					
		<u> </u>	01 1		Address (Gr	we address to w	чен арргочеа	copy of this	form is to be as	= ()		
If well produces out or liquids.	Unit	Sec.	Twp.	Rge	is gas actual	liy connected?	When	?	· · · · · · · · · · · · · · · · · · ·			
give location of tanks.	I N	18	<u> 118</u>		No		No	t Known	Now			
If this production is comminged with that IV. COMPLETION DATA	from any or	ther lease or	pool, [give comming	ing order sun	nber:						
TV. COMILETION DATA		Oil Well		Gas Well	N 11/-11	1 11/	1 2	i	·			
Designate Type of Completion	- (X)	ION WEI	• !	CALS WELL	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Con	npi. Ready to	o Prod.		Total Depth		<u> </u>	P.B.T.D.	e.	<u></u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				- 	7-07/2							
				Top Oil/Gas	ray		Tubing Depth					
Perforations	<u> </u>				· · · · · · · · · · · · · · · · · · ·			Depth Casin	ng Shoe			
								•				
11015 0155	TUBING, CASING AND				CEMENT		D					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			SIZE	1	DEPTH SET	-	SACKS CEMENT				
	 				1			<u> </u>		_		
						 		 				
V. TEST DATA AND REQUES OIL WELL (Test must be efter t									-			
OIL WELL (Test must be efter r Date First New Oil Run To Tank	Date of T		of load	d oil and must		r exceed top elle lethod (Flow, pu			for full 24 hou	72.)		
						(1. 1011)		,				
Length of Test	est Tubing Pressure				Casing Press	Nie.		Choke Size	Choke Size			
Actual Prod. During Test	Oil Phi	· · · · · · · · · · · · · · · · · · ·			Was - Oht			C	C MCF			
, man burne (ca.	Oil - Bbls	.			Water - Bbli	<u> </u>		Gas- MCF				
GAS WELL	1							<u>!</u>				
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	neste/MMCF		Gravity of	Condensate			
									×			
Testing Method (puot, back pr.)	Tubing Pr	ressure (Shu	t-in)		Casing Press	ente (Shut-in)		Choke Size				
UT OPEN A MOD OFF	1	n e e e e			1			!	-			
VI. OPERATOR CERTIFIC				NCE			ISERV	ΔΤΙΩΝΙ	רו/ופוכ)NI		
I hereby certify that the rules and regulations of the Oil Conservation Division have been computed with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my				·-•	Date	a Annrau	e4	JUN	l 3 () 19	88		
5000	(10)	.*			Dati	e Approve				·		
Stand how					ORIGINAL SIGNED BY JERRY SEXTON By DISTRICT I SUPERVISOR							
Robert L. Bradshaw	<u>Sr. S</u> t	aff En	v/Re	g Spec.	"		<u>-</u>	ra i Rici I	PUREKAIZO	100		
Printed Name			Title		Title)	Il wen	1.0000000000000000000000000000000000000	Popular I	* - (\$		
June 28, 1989 (<u>915) 6</u>	86-567	8									

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.

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OCD HOBBS CARROS Submit 5 Copies
Appropriate District Office
DISTRICT I
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 Rottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator				<u> </u>	.,	1 3 1 1 1 L C/	Well	API No.			
Meridian Oil Inc.		30-025-30606									
Address								3_3_300	· · · · · · · · · · · · · · · · · · ·		
21 Desta Drive, Midla	and, Te:	xas 7	9705	5							
Reason(s) for Filing (Check proper box)					X Oth	et (Please expli	oin)				
New Well		Change in	•		Requ	est for	2,000 E	Barrels	oil test	, •	
Recompletion	Oil		Dry C	ias 📙	allo	wable.	Perfs.	10,458'	- 484';		
Change in Operator	Casinghea	d Gas	Conde	ensate	Ju	~ 195°		10.634			
f change of operator give name and address of previous operator					y						
•										 ,	
L DESCRIPTION OF WELL	AND LEA		1				! *** .				
Lease Name	Well No. Pool Name, Inclu			Name, Includi				Kind of Lease State, Federal or Fee		Lease No.	
Federal "AF"		2	No	<u>th-Youn</u>	g (Wolfd	:amp)	State,	Teocial Of Pe	e NM-40	448	
Location		560		_		1.00	10		1100		
Unit LetterN	_ :	560	. Feet I	rom The 🗀	outh Lin	e and188	5U F	eet From The	Wes	Line	
0	10.0		_	20	F			امما		_	
Section 8 Township	p 18 S	outh	Range	32	East , N	MPM,		Lea		County	
II DESIGNATION OF TRAN	CDADTE	D OF O	IT AB	ATTA BATATTYT	DAT CAS						
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden		ND NATU	, 	e address to wi	ich annemus	d come of this f	orm is to be a		
•	X				Audices (Oil	e and an io wi	ucs approved	copy of this f	OF M 13 10 06 31	mu)	
Texaco Irading and I) Name of Authorized Transporter of Casing		tation	or Dr	v Gae	Address (Giv	e adáress to wh	ich annen	d come of this t	isam is to be a		
Talle of Authorized Transporter of Castilly	giral Cas		Of Di	, Gas	Addiess (Oth	e data ess to wi	исп ирргочес	copy of this f	Orm is 10 DE 34	mu)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Roe	is gas actuali	v connected?	When	. ?			
ive location of tanks.	I AI	8	189	:	No	y connecti.	•	ot Known	Now		
this production is commingled with that	from any othe) LJC=		her:		JC KITOWIT	11014		
V. COMPLETION DATA			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	··· oonanag	ing older nem						
		Oil Well		Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i			1	230,000			1	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth	1	1	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	ormatio	Ω	Top Oil/Gas	Pay		Tubing Depth			
								·			
Perforations								Depth Casin	g Shoe		
	T	UBING,	CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING S				SIZE	DEPTH SET			SACKS CEMENT			
	<u> </u>							ļ <u>-</u>			
· · · · · · · · · · · · · · · · · · ·								ļ			
		 						ļ			
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re	, , ,		of load	oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	t			Producing Me	ethod (Flow, pu	emp, gas iifi,	elc.)			
A. C.T.						Casing Pressure Choke Size					
length of Test	th of Test Tubing Pressure				Casing Press.	ire		CHORE SIZE			
					District District		.	Gas- MCF			
Actual Prod. During Test Oil - Bbls.				Water - Bbis.			GES- MICI				
	<u> </u>	<u>-</u>			!						
GAS WELL											
Actual Prod. Test - MCF/D	Length of	[est		· • • • • • • • • • • • • • • • • • • •	Bbls. Conden	sate/MMCF		Gravity of C	Condensate		
											
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Press	ire (Shut-in)		Choke Size	Choke Size		
]				ļ						
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE							
I hereby certify that the rules and regula	ations of the	Oil Conser	vation		(DIL CON	ISEHV				
Division have been complied with and		-	en abov	re				JUN	2 8 198	9	
is true and complete to the best of my h	cnowledge an	d belief.			Date	Approve	d		- 100		
	\sim ())			= =			SIGNED R	A TEBBA CE	XTON	
tober 5. Braddian					ORIGINAL SIGNED BY JERRY SEXTON By DISTRICT I SUPERVISOR						
Signature Robert L. Bradshaw	Sr. Sta	ff Fn	/ Ro	a Snec	By -		- 14		113UN		
Printed Name	Ji. JLa	AT LIIV	Title	a spec.		•					
	915) 68	6-5679			Title						
Date		Tele	phone	No.	11						

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.

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