

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

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

## OIL CONSERVATION DIVISION

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	Operator	Well API No.
	MERIDIAN OIL INC.	30-025-2825000
	Address	
	P. O. BOX 51810, MIDLAND, TX 79710-1810	
	Reason(s) for Filing (Check proper box)	
	New Well <input type="checkbox"/>	Change in Transporter of:
	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"/>
	XI Other (Please explain)	
	To correct Gas Gatherer from El Paso Natural Gas Co. to Sid Richardson Carbon & Gasoline Company.	
	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	Lease No.
KOOPER S.R. 'A'	3	Langlie Mattix T.R. 9	State, Federal or Fee	
Location				
Unit Letter		Feet From The	Line and	Feet From The
A	460	N	990	E
Section	Township	Range	NMPM.	County
23	24-S	36-E	Lea	

#### 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)
Shell Pipeline Co.	<input type="checkbox"/>	
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Sid Richardson Carbon & Gasoline Co.	<input checked="" type="checkbox"/>	201 Main Street, Ft. Worth, TX 76102
If well produces oil or liquids, give location of tanks	Unit	Sec.
	A	23
	Twp.	Range
	24	36
Is gas actually connected?	When?	
yes	1-25-88	

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
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

#### 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

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

#### 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  
Connie L. Malik, Regulatory Compliance Rep.  
Printed Name  
1/22/92  
Date  
915-688-6891  
Telephone No.

#### OIL CONSERVATION DIVISION

Date Approved FEB 05 '92

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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.

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 4-1-89  
See Instructions  
at Bottom of Page

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REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Meridian Oil Inc.		Well API No.
Address 21 Desta Drive Midland, Texas 79705		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Effective 2-1 -89 Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator Doyle Hartman P.O. Box 1861 Midland, Texas 79702		

II. DESCRIPTION OF WELL AND LEASE

Lease Name S.R. Cooper "A"	Well No. 3	Pool Name, including Formation Langlie Mattix 7 Rivers Queen	Kind of Lease <input checked="" type="checkbox"/> Non-Exclusive Fee	Lease No.
Location Unit Letter A : 660 Feet From The N Line and 990 Feet From The E Line Section 23 Township 24-S Range 36-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648 Houston, Tx. 77252					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3109 Midland, Tex. 79702					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 23	Twp. 24S	Rge. 36E	Is gas actually connected? yes	When? 1-25-88

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 Connie Monahan  
Printed Name Connie Monahan Operations Tech III  
Date 2-24-89 Telephone No. 915/686-5681

OIL CONSERVATION DIVISION

Date Approved MAR 10 1989  
By Paul Kautz Orig. Signed by  
Title Geologist

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