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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Amended

Operator MERIDIAN OIL INC	Well API No. 30-025-31614
Address P.O. Box 51810, Midland, TX 79710-1810	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name C.W. SHEPHERD "A" FEDERAL	Well No. 2	Pool Name, Including Formation RHODES-YATES-7 RIVERS (GAS)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC-030177-A
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>6</u> Township <u>26-S</u> Range <u>37-E</u> , 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"/> NONE YET - BEING NEGOTIATED	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> SID RICHARDSON CARBON & GAS CO	Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST STE 3000, FT WORTH TX 76102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? YES	When? 7/27/92

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
		X	X					
Date Spudded 6/16/92	Date Compl. Ready to Prod. 6/22/92		Total Depth 3080'		P.B.T.D. 2784'			
Elevations (DF, RKB, RT, GR, etc.) 2976.7 GR	Name of Producing Formation YATES		Top Oil/Gas Pay 2798'		Tubing Depth 2784'			
Perforations 2798-2907'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		431'		500 SXS			
7-7/8"	4-1/2"		3068'		900 SXS			
	2-3/8"		2784'					

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 7/14/92	Length of Test 24 HR	Bbls. Condensate/MMCF AOF - 2287	Gravity of Condensate
Testing Method (pilot, back pr.) BACK PRESS	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 24/64"

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 Roxann Scholz
ROXANN SCHOLZ
Printed Name
8/11/92
Date
Title
PRODUCTION ASST
(915)688-6943
Telephone No.

OIL CONSERVATION DIVISION
AUG 13 '92

Date Approved _____
By Paul Kenna
Geologist
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.