

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

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

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

Operator Meridian Oil Inc.		Well API No. 30-025-31789
Address P.O. Box 51810, Midland, TX 79710-1810		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" 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"/>
If change of operator give name and address of previous operator _____		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Farnsworth B Federal	Well No. #1	Pool Name, Including Formation Rhodes-Yates-7Rvs GAS	Kind of Lease State, Federal or Fee federal	Lease No. LC-056927B
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>FNL</u> Line and <u>660</u> Feet From The <u>FEL</u> Line Section <u>7</u> Township <u>26S</u> Range <u>37E</u> , <u>NMPM</u> , Lea County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil well produces no condensate <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Sid Richardson Carbon & Gasoline Co.	201 Main St., First City Bank Tower, Ft. Worth, TX 76102					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 7	Twp. 26S	Rge. 37E	Is gas actually connected? yes	When? 6-19-93

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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-28-93	Date Compl. Ready to Prod. 6-3-93		Total Depth 3070'		P.B.T.D. 3046'			
Elevations (DF, RKB, RT, GR, etc.) 2969.7 GR	Name of Producing Formation Yates		Top Oil/Gas Pay 2885		Tubing Depth 2 3/8" @2880'			
Perforations 2885-3039'					Depth Casing Shoe 3070'			

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8, 28#, K-55	570'	500 sxs-surf.
7 7/8"	4 1/2, 11.6#, K-55	3070'	725 sxs-surf.

**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 AOF 1.415	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) back pr	Tubing Pressure (Shut-in) 70#	Casing Pressure (Shut-in) 149#	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 Maria L. Perez  
 Maria L. Perez Production Asst.  
 Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
 Date 7-1-93 Telephone No. 915-688-6906

**OIL CONSERVATION DIVISION**

Date Approved JUL 07 1993  
 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.

RECEIVED

JUL 06 1993

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