

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form O-104
Revised 10-1-78

RECEIVED

DEC 15 '88

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Operator Meridian Oil Inc.Address 21 Desta Drive Midland, Texas 79705

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☒	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Leonard State Com</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>North Grayburg (Atoka) Gas</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-1266</u>
Location				
Unit Letter <u>E</u>	<u>1980</u>	Feet From The <u>North</u>	Line and <u>660</u>	Feet From The <u>West</u>
Line of Section <u>22</u>	Township <u>17S</u>	Range <u>29E</u>	NMPM, <u>Eddy</u>	County

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)		
<u>Unknown at this time</u>			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>22</u> Twp. <u>17S</u> Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u>	When <u>Unknown</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☒ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☒ Same Rest. ☐ Other ☐		
Date Spudded <u>5-30-57</u>	Date Compl. Ready to Prod. <u>11-23-88</u>	Total Depth <u>11,441'</u>	P.B.T.D. <u>10,590'</u>
Elevations (DF, RAB, RT, GR, etc.) <u>3547.6 GL</u>	Name of Producing Formation <u>Atoka</u>	Top Oil/Gas Pay <u>10,342'</u>	Tubing Depth <u>10,300'</u>
Perforations <u>10,342-60' Atoka</u>			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>750'</u>	<u>800 SX.</u>
<u>12-1/4"</u>	<u>9-5/8"</u>	<u>3400'</u>	<u>1400 SX.</u>
<u>8-3/8"</u>	<u>7"</u>	<u>11060'</u>	<u>600 SX.</u>
	<u>2 7/8</u>	<u>10,300</u>	

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 Tanks	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 <u>627</u>	Length of Test <u>4 Hrs.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>0</u>
Testing Method (prior, back pr.) <u>Back Pr.</u>	Tubing Pressure (Shut-in) <u>2120</u>	Casing Pressure (Shut-in) <u>0</u>	Choke Size <u>18/64</u>

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.

Marianne Martin
(Signature)

Operations Tech III

12-13-88

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 17 1989, 19BY Original Signed By
Mike Williams

TITLE _____

This form is to be filed in compliance with RULE 100.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of conditions. Separate Forms O-104 must be filed for each pool in multi-