

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., Aztec, NM 87410

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

I.

Operator Meridian Oil Inc. ✓	Well API No. 30-015-26026
Address 21 Desta Drive, Midland, Texas 79705	
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 _____	

APR 21 '89  
O. C. D.  
ARTESIA, OFFICE

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Apache Federal	Well No. 2	Pool Name, Including Formation Parkway (Delaware)	Kind of Lease State, Federal or Foreign XX	Lease No. NM-54865
Location Unit Letter H : 1980 Feet From The North Line and 990 Feet From The East Line Section 35 Township 19-South Range 29-East, NMPM, Eddy 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"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, Texas 79711					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillip 66	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 35	Twp. 19-S	Rge. 29-E	Is gas actually connected? Yes	When? Unknown

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-9-89	Date Compl. Ready to Prod. 4-4-89		Total Depth 4549'		P.B.T.D. 4492'			
Elevations (DF, RKB, RT, GR, etc.) 3339' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 4176'		Tubing Depth 4192'			
Perforations 4176'-4210' (29 Holes)					Depth Casing Shoe --			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		344'		475sx C1 'C' & 150sx Cealite			
12-1/4"	8-5/8"		3200'		1700sx C1 'C'			
7-7/8"	5-1/2"		4549'		615 sx C1 'C'			

### 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 4-4-89	Date of Test 4-18-89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure --	Casing Pressure 75	Choke Size 4-28-89 comp + BK
Actual Prod. During Test	Oil - Bbls. 88	Water - Bbls. 122	Gas - MCF 132

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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  
Marianne Martin, Operations Tech III  
Printed Name  
4-20-89 (915)686-5600  
Date  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved APR 24 1989

By Original Signed By  
Mike Williams

Title

### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.