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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, Minerals and Natural Resources Departm

OIL CONSERVATION DIVISION

P.O. Box 2088

Form C-104 Revised 1-1-89

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 MAY -3 '90 DISTRICT III REQUEST FOR ALLOWABLE AND AUTHORIZATION 1000 Rio Brazos Rd., Aztec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS O. C. D. Well API No. ARTESIA, OFFICE Operator Meridian Oil Inc. Address 21 Desta Dr., Midland, TX 79705 Other (Please explain)
CASINGHEAD GAS MUST NOT BE Reason(s) for Filing (Check proper box) Change in Transporter of: New Well FLARED AFTER 6/9/90 Dry Gas Oil Recompletion Condensate Casinghead Gas UNLESS AN EXCEPTION FROM Change in Operator If change of operator give name and address of previous operator THE B. L. M. IS OBTAINED II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. | Pool Name, Including Formation Lease Name State, Federal or Fee Federal NM-29228 Benson "3" Federal 2 Shugart (Y,SR,QN,GB) Location __ Line and _480 Feet From The North Feet From The East Unit Letter A Eddy 19 South Range 30 East County Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil X Koch P.O. Box 3609, Midland, TX 79702 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas When? Twp. Rge. 19-S 30-E Rge. Is gas actually connected? If well produces oil or liquids, Unit Sec give location of tanks. Not known 03 Nο Α If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v New Well | Workover Deepen Gas Well Oil Well Designate Type of Completion - (X) х Total Depth P.B.T.D. Date Compi. Ready to Prod. Date Spudded 3300' 3257' 3/21/90 4/09/90 Top Oil/Gas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) 2913' 99/4 2881' 3440' GR. Shugart (Y, SR, Q, G) Depth Casing Shoe Perforations 2914'-2983' Queen; 3050'-3056' Upper Penrose TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE 345 sx-Circulated 8 5/8" 539' 12 1/4" 3300 840 sx-TOC @ Surface 7 7/8" 5 1/2" 2881 Post ID-2 2 7/8" Tubing 5-11-90 comp & BIT V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Pump: 2 1/2" x 1 3/4" x 12' RHBC 4/25/90 4/12/90 Choke Size Casing Pressure Length of Test Tubing Pressure -0-24 hrs. -0-Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. 64 71 62 GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (puot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above MAY is true and complete to the best of my knowledge and belief. Date Approved _ 1-elect I ORIGINAL SIGNED BY By_

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

Signa

Date

Printed Name

Robert L. Bradshaw

01 May 1990

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title_

MIKE WILLIAMS

SUPERVISOR, DISTRICT IF

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Env./Reg. Spec.

Title

915/686-5678

Telephone No.

- 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.