

MAY -2 '90

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

I.		Well API No. <b>ARTESIA, OFFICE</b>	
Operator Meridian Oil Inc.			
Address 21 Desta Dr., Midland, TX 79705			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) <b>CASINGHEAD GAS MUST NOT BE</b>			
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	FLARED AFTER <u>6/9/90</u>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	UNLESS AN EXCEPTION FROM	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	THE B. L. M. IS OBTAINED	
If change of operator give name and address of previous operator			

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Benson "3" Federal	Well No. 3	Pool Name, Including Formation Shugart (Y,SR,QN,GB)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-29228
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>19 South</u> Range <u>30 East</u> , <u>NMPM</u> , <u>Eddy</u> 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"/> Koch	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3609, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 H	Sec. 03	Twp. 19-S	Rge. 30-E	Is gas actually connected? No	When ? Not known

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 x	Gas Well	New Well x	Workover	Deepen	Plug Back	Same Res'v x	Diff Res'v
Date Spudded 3/14/90	Date Compl. Ready to Prod. 3/30/90		Total Depth 3250'		P.B.T.D. 3201'			
Elevations (DF, RKB, RT, GR, etc.) 3448' GR.	Name of Producing Formation Shugart (Queen)		Top Oil/Gas Pay 2939'		Tubing Depth 2839'			
Perforations 2958'-2991', 3080'-3086'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		531'		315 sx Cl. C-Circ. 75 sx			
7 7/8"	5 1/2"		3248'		750 sx Cl. C-Circ. 30 sx			
	2 7/8" Tubing		2839'					

**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 4/01/90	Date of Test 4/04/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 150	Casing Pressure -0-	Choke Size 16/64"
Actual Prod. During Test	Oil - Bbls. 140	Water - Bbls. 53	Gas- MCF 191

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Robert L. Bradshaw  
Signature  
Robert L. Bradshaw  
Printed Name  
16 April 1990  
Date  
Env./Reg. Spec.  
Title  
915/686-5678  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved MAY 7 1990

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

**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.