Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico

Finergy, Minerals and Natural Resources Department

.)IL CONSERVATION DIVISION P.O. Box 2088

Form C-104 Revised 1-1-89

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

Santa Fe, New Mexico 87504-2088

OCT 23 '90

RECEIVED

ISTRICT III XXXX Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D. TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE											
I. Operator		10 162	MOF	ONI OIL	- AND NA	TOTAL OF		API No.			
MERIDIAN OIL INC.											
Address 21 Desta Dr., Midland, TX	79705										
Reason(s) for Filing (Check proper box)					Oth	er (Please expl	ain)				
New Well	0:1	Change in									
Recompletion	Oil Casinghe		Dry Ga Conder								
If change of operator give name and address of previous operator	Caugh										
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name Well No. Pool Name, Include					ng Formation Kind			of Lease		ease No.	
NORTH SHUGART FEDERAL 1			NORTH SHUGART(MORROW)				FEDE	Federal or Fed RAL	E LC-0	2393-C	
Unit Letter H	<u>: 1980</u>		Feet Fr	om The FN	IL Lin	e and _760	Fe	et From The	FEL	Line	
Section 17 Townshi	ip 1	18S Range 31E				, NMPM,			EDDY County		
THE DECICALATION OF TRAS	CDADT	D OF O	II AN	D NATTI	DAL GAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPURIT	or Conder		D NAIU	Address (Gi	e address to wi	tick approved	copy of this fi	orm is to be se	nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which appr								ed copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When		ON PIPEL	INE	
If this production is commingled with that	from any of	her lease or	pool, giv	ve commingl	ing order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Deeds: to		X	Total Depth	<u> </u>	<u> </u>	BBTD	<u> </u>	1	
Date Spudded 07/05/90	Date Compl. Ready to Prod. 09/23/90				11925			P.B.T.D. 11730			
Elevations (DF, RKB, RT, GR, etc.) 3659' GR	Name of Producing Formation MORROW				Top Oil/Gas Pay			Tubing Depth 2 3/8" @ 11875'			
Perforations MORIOW					11,000			Depth Casing Shoe			
11606 – 11710									11550		
	7	TUBING, CASING AND							0.000 051517		
HOLE SIZE	CASING & TUBING SIZE 40#			SIZE	DEPTH SET 392'			SACKS CEMENT 420 SX CL 'C' 60SX CIRC			
13 3/8"	 	24# & 32#			3495'			1	C'LITE &		
8 5/8" 7"		23#			4024'			1	80SX CL		
4 1/2#	11.6#				11925'			625SX SUPER'H 100SX 'H'			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE		1, ,			J	······································		
OIL WELL (Test must be after t	recovery of 1	otal volume	of load	oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, et						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	1				1						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
152.2	24 HRS Tubing Pressure (Shut-in)			O Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.) BACK PRESSURE	1648				PKR			48/64			
VI. OPERATOR CERTIFIC				ICE	(OIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation							102.177	***		71 4	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved						
Estella M. alvarado					 By_						
Signature ESTELLA M. ALVARADO PROD. ANALYST											
Printed Name Title 10/17/90 (915) 686-5636						<u> </u>			·····		
Date		Tele	phone N	io.	<u> </u>						

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.