Submit 5 Cooles
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 Thergy, Minerals and Natural Resources Depart int

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 22'5.

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION Q, C, D. TO TRANSPORT OIL AND NATURAL GAS ANTESIA. OFFIC Well API No. Operator MERIDIAN OIL INC.  $^{ec{\mathcal{V}}}$ 21 Desta Dr., Midland, TX 79705 Other (Please explain) Reason(s) for Filing (Check proper box) X Change in Transporter of: New Well Dry Gas Oil Recompletion Condensate Change in Operator Casinghead Gas If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. Pool Name, Including Formation Lease Name LC-02393-C State, Federal or Fee FEDERAL NORTH SHUGART(MORROW) NORTH SHUGART FEDERAL Feet From The FNL Line and 760 \_ :\_1980 Feet From The FEL Unit Letter H Line **EDDY** Range 31E 17 185 County , NMPM, Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas X When ? Twp. Rge. Is gas actually connected? Sec If well produces oil or liquids, Unit give location of tanks. WAITING ON PIPELINE If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen Plug Back Same Res'v Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 11925 11730 07/05/90 09/23/90 Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 2 3/8" @ 11875' MORROW 3659' GR Depth Casing Shoe Perforations 11550 11606 - 11710 TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE **SACKS CEMENT** DEPTH SET HOLE SIZE 392' 420 SX CL 'C' 60SX CIRC 13 3/8" 40# 1050SX C'LITE & 200SX 'C' 3495 8 5/8" 24# & 32# 480SX CL 'C' 4024 23# 625SX SUPER'H 100SX 'H' 4 1/2# 11925' 11.6# 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 Choke Size Casing Pressure Length of Test **Tubing Pressure** Water - Bbls. Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Gravity of Condensate Length of Test 24 HRS 152.2 Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) PKR 48/64 BACK PRESSURE 1648 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 is true and complete to the best of my knowledge and belief. Date Approved \_\_\_\_\_ Stella M. alvarado By\_ Signatur ESTELLA M. ALVARADO PROD. ANALYST Title Printed Name Title 10/17/90 (915) 686-5636 Telephone No. Date

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.