

OCT 22 1990

O. C. D.
ANALYST'S OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator MERIDIAN OIL INC.	Well API No.
Address 21 Desta Dr., Midland, TX 79705	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTH SHUGART FEDERAL	Well No. 1	Pool Name, Including Formation NORTH SHUGART (MORROW)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC-02393-C
Location Unit Letter <u>H</u> : 1980 Feet From The <u>FNL</u> Line and <u>760</u> Feet From The <u>FEL</u> Line Section <u>17</u> Township <u>18S</u> Range <u>31E</u> , <u>NMPM</u> , <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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	Sec.	Twp.	Rge.	Is gas actually connected? N	When? WAITING ON PIPELINE
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						
Date Spudded 07/05/90	Date Compl. Ready to Prod. 09/23/90		Total Depth 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 11606 - 11710					Depth Casing Shoe 11550			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/8"	40#		392'		420 SX CL 'C' 60SX CIRC			
8 5/8"	24# & 32#		3495'		1050SX C'LITE & 200SX 'C'			
7"	23#		4024'		480SX CL 'C'			
4 1/2#	11.6#		11925'		625SX SUPER'H 100SX 'H'			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 152.2	Length of Test 24 HRS	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1648	Casing Pressure (Shut-in) PKR	Choke Size 48/64

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.

Estella M. Alvarado
Signature
ESTELLA M. ALVARADO
Printed Name
10/17/90
Date
PROD. ANALYST
Title
(915) 686-5636
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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.