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

State of New Mexico Energy, Minerais and Natural Resources Depr ent

RECEIVED

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 22 '90

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQL	JEST F	OR A	LLOV	VAE	BLE AND A	UTHORI	ZATION	4 CC 3W	•		
I. Operator	TO TRANSPORT OIL AND NATURAL GAS								O. C. 5)			
MERIDIAN OIL INC.										· · · · · · · · · · · · · · · · · · ·		
Address	79705											
21 Desta Dr., Midland, TX Reason(s) for Filing (Check proper box)	13703					Othe	t (Please expi	ain)				
New Well		Change in	Transp	orter of:		_						
Recompletion	Oil		Dry G	25								
Change in Operator Casinghead Gas Condensate												
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL.	AND LEA	ASE						7 25: 4	<u> </u>		ease No.	
Lease Name									of Lease <u>Federal</u> or Fee	Federal or Fee LC-02393-C		
NORTH SHUGART FEDERAL 1 NORTH SHUGA						IN I (MUNNU	<u>vv)</u>	FEDE	RAL			
Unit Letter H	: 1980		Feet F	rom The	e <u>FN</u>	IL Line	and _760	Fe	et From The	FEL	Line	
Section 17 Township	ip 18S Range 31E				, NM	ГРМ,		EDDY County				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)												
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)												
	 ,		1		D	la est activity		When	2			
If well produces oil or liquids, give location of tanks.	Unit [Sec.	Twp.	i	Rge.	is gas actually	N	Wike		ON PIPEL	INE	
If this production is commingled with that i	from any oth	er lease or	pool, gi	ve com	mingl	ing order numb	ег:					
IV. COMPLETION DATA		 						·				
Designate Type of Completion	- (X)	Oil Well	. 	Gas Wo	:11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.				
07/05/90	09/23/90				11925 Top Oil/Gas Pay			Tables Death				
Elevations (DF, RKB, RT, GR, etc.) 3659' GR	Name of Producing Formation MORROW				Top Oil Call 12)			Tubing Depth 2 3/8" @ 11875'				
Perforations 11606 - 11710								Depth Casing Shoe 11550				
					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	625SX SUPER'H 100SX 'H'			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOW	ABLE	ۇ ئىمارىي		he equal to or	exceed top all	owable for thi	s depth or he t	for full 24 hou	7£.)	
OIL WELL (Test must be after re			oj loga	ou ana	musi	Producing Me	thod (Flow, p	ump, gas lift, e	uc.)	or ya. 27 /22	•.7	
Date Firm New Oil Run 10 1am.	Date of Test											
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL	1									· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens			Gravity of C	Condensate			
152.2√	24 HRS				Casing Pressure (Shut-in)			Choke Size				
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1648				PKR			GIOLE SIZE	48/64			
VI. OPERATOR CERTIFICATE OF COMPLIANCE												
		OIL CON	ISERV	ATION I	DIVISIO	N						
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						
Estella W. alvarado						D						
Signature	, , , , , , , , , , , , , , , , , , ,					By_						
ESTELLA M. ALVARADO Printed Name		rnou.	Title	-101		Title						
10/17/90		(915)	686-		_	1100						
Date		1 010	phone l	. 		11						

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.