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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

MAR 19 1991

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator Meridian Oil Inc. ✓	Well API No. 30-015-26565
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: CASINGHEAD GAS MUST NOT BE Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> PLACED AFTER 5/25/91 Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> AN EXCEPTION FROM If change of operator give name THE D. L. M. IS OBTAINED and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Benson "3" Federal	Well No. 6	Pool Name, Including Formation Shugart (Y, SR, Q, GB)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-67985
Location Unit Letter I, 2310 Feet From The South Line and 480 Feet From The East Line Section 3 Township 19 South Range 30 East, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Permian SCURLOCK PERMIAN CORP EFF 9-1-91	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183					
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 I	Sec. 3	Twp. 19S	Rge. 30E	Is gas actually connected? No	When? Awaiting pipeline connect

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	Diff Res'v
Date Spudded 1/23/91	Date Compl. Ready to Prod. 2/18/91		Total Depth 3500'		P.B.T.D. 3453'			
Elevations (DF, RKB, RT, GR, etc.) 3451' GR.	Name of Producing Formation Queen		Top Oil/Gas Pay 2938'		Tubing Depth 2899'			
Perforations 2938'-3063'					Depth Casing Shoe 3500'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 485'		SACKS CEMENT 500 sx-Circulated			
7-7/8"	5-1/2"		3500'		960 sx-TOC 60'			
	2-7/8" (Tbg.)		2899'		Post ID-2 4-5-91 Camp & BIR			

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 2/20/91	Date of Test 3/06/91	Producing Method (Flow, pump, gas lift, etc.) 2-1/2" x 1-1/2" x 18' RHBC	
Length of Test 24 hrs.	Tubing Pressure On Pump	Casing Pressure 25	Choke Size 64/64"
Actual Prod. During Test	Oil - Bbls. 31	Water - Bbls. 120	Gas- MCF 15

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.

Signature
Robert L. Bradshaw
Printed Name
15 March 1991
Date
Env./Reg.Spec.
Title
915-686-5678
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 29 1991

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.