

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

OIL CONSERVATION DIVISION

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

NOV 9-89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc. ✓	Well APN No. 3C-C15-23441
Address 21 Desta Drive, Midland, Texas 79705	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Bird Com.	Well No. 1	Pool Name, Including Formation Cass Draw (Wolfcamp)	Kind of Lease State Federal <input checked="" type="checkbox"/> Fee	Lease No.
Location Unit Letter G : 1880 Feet From The North Line and 1980 Feet From The East Line Section 12 Township 23 South Range 27 East, NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Enron Oil Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 10602, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 12	Twp. 23S	Rge. 27E	Is gas actually connected? Yes	When? 11-1-89
If this production is commingled with that from any other lease or pool, give commingling order number:						

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		X
Date Spudded	Date Compl. Ready to Prod. 11-1-89		Total Depth 12,449'		P.B.T.D. 10,300'			
Elevations (DF, RKB, RT, GR, etc.) 3501' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9976'		Tubing Depth 9883'			
Perforations 9976' - 10,212'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	398'	455 Part ID 2
12 1/4"	9 5/8"	3,500'	1,563 13-15-89
8 3/4"	7"	10,789'	460 P & A 11-1-89
	2 3/8" Tbg	9,833'	comp. Wolfcamp

VI. 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 231	Length of Test 4 Hrs.	Bbls. Condensate/MMCF 0.0172	Gravity of Condensate 61.2
Testing Method (per back pr.) Multi-Point	Tubing Pressure (Shut-in) 4180 psig	Casing Pressure (Shut-in) Pkr.	Choke Size 9/64

VII. 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, Sr. Staff
Printed Name Robert L. Bradshaw, Sr. Staff
Date 11/07/89 Title (915) 686-5678
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 11 1989

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.