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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

RECEIVED  
OCT 11 1991  
O. C. D.  
ARTESIA OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator MERIDIAN OIL INC. ✓ Well API No. 30-015-25868  
Address P. O. BOX 51810, MIDLAND, TX 797101810  
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator  Other (Please explain) \_\_\_\_\_  
Change in Transporter of: Oil  Dry Gas  Casinghead Gas  Condensate   
If change of operator give name and address of previous operator UNION TEXAS PETROLEUM, P.O. BOX 2120, HOUSTON, TX 77252

II. DESCRIPTION OF WELL AND LEASE

|   |                      |   |  |                             |
|---|----------------------|---|--|-----------------------------|
| Lease Name<br><u>Neste 6</u>  | Well No.<br><u>2</u> | Pool Name, including Formation<br><u>N. Shugart (Bone Spring)</u> | Kind of Lease<br>State, Federal or Fee | Lease No.<br><u>LG 6384</u> |
| Location<br>Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>S</u> Line and <u>940</u> Feet From The <u>E</u> Line<br>Section <u>6</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><u>PRIDE PIPELINE COMPANY</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>P.O. Box 2436, Abilene, TX 79604</u> |      |      |      |                            |       |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>Conoco, Inc.</u>   | Address (Give address to which approved copy of this form is to be sent)<br><u>P.O. Box 2197, Houston, TX 77252</u> |      |      |      |                            |       |
| If well produces oil or liquids, give location of tanks.  | Unit  | Sec. | Twp. | Rge. | Is gas actually connected? | When? |

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 |
| Date Spudded                               | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.  |            |            |
| Elevations (DF, RKB, RT, GR, etc.)         | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth  |            |            |
| Perforations                               |                             |          |                 |          |        | Depth Casing Shoe   |            |            |
| <b>TUBING, CASING AND CEMENTING RECORD</b> |                             |          |                 |          |        |   |            |            |
| HOLE SIZE                                  | CASING & TUBING SIZE        |          | DEPTH SET       |          |        | SACKS CEMENT<br><u>Part ID-3</u><br><u>10-25-91</u><br><u>chgap</u> |            |            |

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        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, 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.

Maria L. Perez  
Maria L. Perez, Prod. Asst.  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
10-1-91 (915) 688-6906  
Telephone No. \_\_\_\_\_

OIL CONSERVATION DIVISION

Date Approved OCT 18 1991  
By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Separate Form C-104 must be filed for each pool in multi-completed wells.