Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico y, Minerals and Natural Resources Departme

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

WOU KIG BRIDE RG., AZZEC, NIN 87410	near	TO TRAN	NSPOF	RT OIL	AND NAT	URAL GA	S				
perator							Well A		795	-3/	
Meridian Oil Inc.						_,	30	0-025	273	ص د_	
uddress 21 Desta Dr., Midland, T	V 79705										
leason(s) for Filing (Check proper box)					Othe	s (Please expla	in)				
iew Well		Change in 7		r of:	Eff	ective 12,	/1/89				
Recompletion	Oil		Dry Gas								
hange in Operator X	Casinghea		Condenu								
change of operator give name di address of previous operator	rphy Opera	ating Cor	poratio	n, Ros	well, New	Mexico					
I. DESCRIPTION OF WELL	L AND LE	ASE							 -		
ease Name		Well No.			ng Formation	. n1	l	of Lease Federal or Fee	M-6	1604	
South Corbin Federal		1 1	-South	Corbin	-Bone-Spr	ings Dela	ware				
ocation	. 455		.	. n. No	rth ,	and 2310	r.	et From The E	ast		
Unit Letter B	:	· · · · · · · · · · · · · · · · · · ·				Ine and			ACTION TIN		
Section 20 Towns	ship 18	3-S	Range 3	33-E	, NI	MPM,		Lea		Con	
		TD 05 01	r 4 NTN	NIA TEL	DAT CAS						
II. DESIGNATION OF TRA		or Condens	L AND	NATU.	Address (Giv	e address to wi	uch approved	copy of this for	m is to be se	rn/)	
The Permian Corp.	<u> </u>					P.O. Box 1183, Houston, Texas 77251-9989					
Name of Authorized Transporter of Car	singhead Gas					e address to wi	l copy of this for	m is to be se	'rd)		
		· · · · · · · · ·	T. 1	D	is gas actuali	v connected?	When	7	· 		
If well produces oil or liquids, jve location of tanks.	Unit B	Sec. 1 20	Тwp. 18-S	33-E		vented	Wike				
f this production is commingled with th		11		comming			DHC	- 67			
V. COMPLETION DATA	2. 110111 2. 10									,	
		Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	i Diam	
Designate Type of Completic		ipl. Ready to	Provi		Total Depth	l	<u> </u>	P.B.T.D.		_ 1	
Date Spudded	Date Con	ipi. Keady to	1100								
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing Fo	ormation	 -	Top Oil/Gas	Pay		Tubing Dept	1		
					1			Depth Casing Shoe			
Perforations					•				, 2		
		TUBING.	CASIN	G AND	CEMENTI	NG RECOR	RD.				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					ļ			 			
					 			-			
V. TEST DATA AND REQU	EST FOR	ALLOW	ABLE		· · · ·						
OIL WELL (Test must be aft	er recovery of	total volume	of load or	il and mus	i be equal to o	r exceed top all	lowable for th	is depth or ne !	or full 24 ho	urs I	
Date First New Oil Run To Tank	Date of T	est			Producing M	lethod (Flow, p	nump, gas iyi,	eic.)			
	Tubing P				Casing Press	sure srue		Choke Size			
Length of Test	Tuoing 1	(Caballe						<u> </u>			
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length o	Length of Test				nsate/MMCF	Gravity of Condensate				
	Tuking	Tubing Pressure (Shut-in)			Casing Pressure (Shul-in)			Choke Size			
Tosting Method (puot, back pr.)	I doing r										
VI. OPERATOR CERTIF	TCATE C	F COM	PLIAN	ICE		011 001	NOED:	/ATION		ON!	
I hereby certify that the rules and r	egulations of the	ne Oil Conse	rvation			OIL CO	NOEH	/ATION			
Division have been complied with	and that the int	ormation gr	ven above		_			JA	N 08	199	
is true and complete to the best of	my knowledge	atio bellet.	1.11	,	Dat	e Approve					
(Vranie	2	1 hs	/LK-	,	_		.0	rig. Signed Paul Kaut	by		
Signature		1000			∥ By_			Geologist	z		
Connie L. Malik		Operati	Title	ecn III		_					
Printed Name 1/3/90		915	686-56	681	I ITIE	9					
D		Tel	ephone N	lo.	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 accord 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.