

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
USE	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Meridian Oil Inc.

Address
21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Caviness Federal	Well No. 3	Pool Name, Including Formation Mescalero Escarpe (Bone Spring)	Kind of Lease Federal	Lease No. NM-30398
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>18S</u> Range <u>33E</u> , N.M.P.M. Lea				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2256, Wichita, KS 67201					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 2197, Houston, Tx 77252					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 11	Twp. 18S	Rge. 33E	Is gas actually connected? No	When Unknown

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 as Prev. Perf. ☐
Date Spudded 4-2-87	Date Compl. Ready to Prod. 4-30-87		Total Depth 9000'		P.B.T.D. 8978'		
Elevations (DF, RKB, RT, GR, etc.) 3980' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 8679'		Tubing Depth 8576'		
Perforations 8679-8800'					Depth Casing Shoe -		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	357'	350 sx.
12 1/4"	8 5/8"	3100'	1350 sx.
7 7/8"	5 1/2"	9000'	1735 sx.
	2 7/8"	8576'	

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 of hole for this depth or be for full 24 hours)

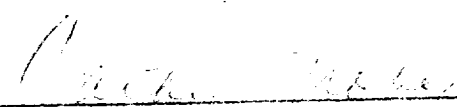
Date First New Oil Run To Tanks 4-30-87	Date of Test 5-8-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 445	Casing Pressure -	Choke Size 13/64"
Actual Prod. During Test 232 BO	Oil-Bble. 232	Water-Bble. 3	Gas-MCF 157

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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)
Engineering Tech III
(Title)
5/20/87
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 26 1987, 12
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1-1-1.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 1-1-1.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownership, name of transporter, or other such change of conditions.
Separate Form C-104 must be filed for each pool in multi-completed wells.