

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 RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

Meridian Oil Inc.

Address

21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry 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	Well No.	Pool Name, Including Formation	Spring)	Kind of Lease	Lease
Caviness Federal	5Y	Mescalero Escarpe (Bone		State, Federal or Fee	Fed. N.M. 30398
Location					
Unit Letter	P	660	Feet From The	South	Line and 610
		Feet From The		East	
Line of Section	10	Township	18S	Range	33E
		N.M.P.M.		Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)				
Conoco	Box 2197, Houston, TX 77252				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)				
Conoco	Box 2197, Houston, TX 77252				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?
	F	11	18S	33E	No
					When
					Unknown

If this production is commingled with that from any other lease or pool, give commingling order numbers _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Well	Other
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7-14-87	8-28-87		9000'		8968'			
Elevations (OF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3976.9' GR	2nd Bone Spring		8644'		8742'			
Perforations					Depth Casing Shoe			
8644-8742'					--			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	357	400
12-1/4"	8-5/8"	3108	1300
7-7/8"	5-1/2"	9000	2075
	2-7/8"	8742	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of dead oil and must be equal to or exceed top of well for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-28-87	8-30-87	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	400#	----	14/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
246 BO	246	0	275

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. 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.

Operations Tech III

(Date)

9/2/87

(Date)

OIL CONSERVATION DIVISION

APPROVED 6-3 1987, 19BY ORIGINAL SIGNED BY JERRY SEXTONTITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 11.1.

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 11.1.

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

Fill out only sections I, II, III, and VI for changes of well name or number, or transporter or other such changes of condition. Separate Forms C-104 must be filed for each pool in newly recompleted wells.

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SEP 9 1987
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HARRIS OFFICE