

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator MERIDIAN OIL INC.		Well API No. 30-025-30162
Address P.O. Box 51810, Midland, TX 79710-1810		
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"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>9-1-92</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
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: THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR		

II. DESCRIPTION OF WELL AND LEASE OFFICE.

Lease Name TONTO "23"	Well No. 1	Pool Name, Including Formation NORTH AIR STRIP-BONE SPRING	Kind of Lease State, Federal or Fee STATE	Lease No. LG-8600
Location Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 23 Township 18-S Range 34-S , NMPM , LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil PRIDE PIPELINE <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 2436 ABILENE, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 23	Twp. 18S	Rge. 34E	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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v
Date Spudded 5-28-92	Date Compl. Ready to Prod. 6-3-92		Total Depth 13350'		P.B.T.D. 9850'			
Elevations (DF, RKB, RT, GR, etc.) 3974' GR	Name of Producing Formation BONE SPRING'		Top Oil/Gas Pay 9681'		Tubing Depth 2-7/8" @ 9756'			
Perforations 9681'-9750'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		413'		400 SX SURFACE			
12-1/4"	9-5/8'		3415'		1075 SX SURFACE			
7-7/8"	7"		11800'		1230 SX TOC @ 6225'			

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 6-6-92	Date of Test 6-7-92	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure -	Casing Pressure 20	Choke Size -
Actual Prod. During Test 14 BO	Oil - Bbls. 14	Water - Bbls. 3	Gas- MCF 0

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.

Signature Roxann Scholz
Printed Name **ROXANN SCHOLZ** Title **PRODUCTION ASST.**
Date **7-6-92** Telephone No. **915-688-6943**

OIL CONSERVATION DIVISION

JUL 13 '92

Date Approved _____
By ORIGINAL SIGNED BY JERRY STONER
DISTRICT SUPERVISOR
Title _____

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.