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U.S.G.	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator
Meridian Oil Inc.

Address
21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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 Fed	Well No. 6	Pool Name, including formation Mescalero Escarpe (Bone Spr)	Kind of Lease State, Federal, or Free Federal NM-30398
Location Unit Letter C ; 990 Feet From The North Line and 2310 Feet From The West	Line of Section 11	Township 18S	Range 33E

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS -

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) Box 6196, Midland, Texas 79711
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 Sec. Twp. Rge. Is gas actually connected? when
	C 11 18S 33E No

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 <input checked="" type="checkbox"/> Gas well <input type="checkbox"/> New well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug back <input type="checkbox"/> Same well <input type="checkbox"/> Other <input type="checkbox"/>
Date spaced 3-3-88	Date Compl. ready to prod. 4-14-88
Elevations (DF, RAB, AT, GR, etc.) 4038' GR	Name of Producing Formation Bone Spring
Perforations 8630-8840'	Total Depth 9000'
	Top Oil/Gas Pay 8630'
	Tubing Depth 8880'
	Depth Casing shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAGS CEMENT
17 1/2"	13 3/8"	375'	350 sx.
12 1/4"	8 5/8"	3099.62'	1300 sx.
7 7/8"	5 1/2"	8999.7'	1425 sx.

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be done recovery of total volume of fluid and must be equal to or exceed allowable for this depth or be for 100% recovery)

Date of New Oil Well Test 4-14-88	Date of Test 4-17-88	Producing Method (rod pump, etc.) Pump
Length of Test 24 Hrs	Tubing Pressure	Casing Pressure
Actual Prod. During Test 143 BO	Oil - bbls. 143	Water - bbls. 37
		Gas - MCF 0

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate, MMCF	Gravity of Condensate
Testing Method (flow, back prod)	Tubing Pressure (static-in)	Casing Pressure (static-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.

APPROVED _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with H.U.C. 10-1-70. If this is a request for allowable for a newly drilled or spaced well, the test must be done in accordance with the information on the test table for the well to be spaced with H.U.C. 10-1-70.

All wells in the State must be spaced out completely for the allowable for the test table.

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Signature: _____
Operations Tech III

Date: 4/18/88

OIL CONSERVATION DIVISION
MAY 2 - 1988